

Christ the King Parish

Direct Debit Agreement Form

Authorization Agreement

I hereby authorize **Christ the King Parish** to initiate automatic debits from my account at the financial institution named below. I also authorize **Christ the King Parish** to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold **Christ the King Parish** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in debiting funds from my account.

This agreement will remain in effect until **Christ the King Parish** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct debit form to the company.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking
☐

Savings
☐

Parishioner Name: _____

Amount to be debited Monthly: \$_____ On what Day of Month? 15th ☐ or 28th ☐

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip