

St. Susanna Parish

Authorization Agreement For Direct Payments (ACH Debits) Sunday Offering & Campaign



I hereby authorize **St. Susanna Church** to initiate debit entries to my (our) account designated below in the amount stated and on the schedule indicated. Please begin this on ___/___/___ . This authorization remains in full force and effect until St. Susanna Parish has received notification from me (or either of us) of its termination in such time and in such manner to afford St. Susanna Parish and my depository financial institution a reasonable opportunity to act on it.

Personal Information

Name			
Address	City	State	Zip Code
Phone Number	E-mail		

Depository Financial Institution (must be a checking or savings account)

Name of Bank	Name on Account
Routing account number	Checking/Savings Account Number
<i>NOTE: Please attach a voided check to this form to assure accuracy of the routing and account number.</i>	

Contribution Information

<u>Sunday Offering</u>	Preferred Payment Schedule: Weekly <input type="checkbox"/> or Monthly <input type="checkbox"/>	Amount of Each Withdrawal:
	<i>Weekly Sunday offering drafts will be debited each Monday. Monthly offering will be debited the first Monday of the month.</i>	

<u>Debt Reduction</u>	Monthly donations to debt reduction will be debited on the second Monday of the month.	Amount of Each Withdrawal:

Signature	Date
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**Return completed form along with voided check to the Parish Office
via mail or through the Sunday Collection Basket.**

For Office Use Only Account # _____ Start Date ___/___/___ Sunday: Weekly Amount _____ Monthly Amount _____ Debt Reduction: Monthly Amount _____
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