

Authorization Agreement for Automatic Contribution

I, _____, hereby authorize ST LOUIS ROMAN CATHOLIC CONGREGATION INC., hereinafter called COMPANY to initiate debit entries to my Checking () Savings () account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

AMOUNT: \$ _____ DEBIT DATE: 1ST _____ 15TH _____
(Choose one or both)

DEPOSITORY: _____
Name

City State

BANKING TRANSIT/ABA: _____ ACCOUNT NUMBER: _____
(Always 9 digits)

***ATTACH TO THIS FORM: VOIDED CHECK IF CHECKING ACCOUNT DEBIT
SAVINGS DEPOSIT TICKET IF SAVINGS ACCOUNT DEBIT***

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Please indicate where your donation is to be allocated. If more than one fund is selected, please indicate an amount or percentage.

Sunday Offertory _____ Building Fund _____

Archdiocesan Second Collection _____ Capital Campaign _____

Authorized Signature for Above Account Printed Name Date

Authorized Signature for Above Account Printed Name Date
(If second signature is required)

Please complete this form and attach either a voided check or savings account deposit slip, whichever is applicable, and return to the Parish Office either in person or mail to: St Louis Church, ACH Department, 12500 State Route 108, Clarksville, MD 21029. Should you have any questions, please call the Parish Office at 410 531-6040.