

Divine Word Catholic Church

Authorization Agreement for Automated Giving

I, _____, hereby authorize the Church of **(Divine Word, Kirtland, Ohio)** to initiate debit entries to my Checking () Savings () account indicated below and the depository named below to debit the same such amount.

Amount \$ _____ (Check one): _____ Monthly – Indicate day of month _____
_____ Weekly – every Monday

Depository: Name _____
Address _____
City, State, Zip _____

Banking Transit – ABA #: _____
(Always nine digits)

Bank Account Number: _____

(Attach to this form a voided check if checking account debit or a pre-printed savings deposit ticket if savings account.)

This authorization is to remain in full force effect until (Divine Word) has received written notification at least five business days in advance of the desired termination date.

(Authorized signature for above account) (Print Name) Date: _____

If second signature is required:

(Authorized signature for above account) (Print Name) Date: _____

Cancellation of Automated Giving

I, _____, direct the Church of **(Divine Word, Kirtland, Ohio)** to discontinue automatic debit entries to my bank account.

(Authorized signature for the parishioner bank account) (Print Name) Date: _____

(Only one signature is necessary to make this cancellation request.)