

DIVINE WORD

- Automated Giving Option -

I have been blessed abundantly with gifts from God. With gratitude, I wish to offer my gifts of prayer, thanksgiving, and resources to God. I wish to enroll in this safe, free program to make regular contributions to Divine Word Catholic Church.

- Authorization Agreement -

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** on the _____ 5th _____ 15th _____ 30th
_____ **Weekly** (every Monday)

Depository: Name _____

Address _____

City/State/Zip _____

Bank 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 (5) 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

Return this form to the Parish Office

Attach Voided Check Here