Parish of the Holy Cross
95 Nichols Road
Nesconset, NY 11767
631-265-2200 ext. 110 or business@holycrossrc.org

Authorization Agreement for Automated Giving

I, _____, hereby authorize the Roman Catholic Church of

the Holy Cross, at Nesconset, NY, to initiate debit entries to my Checking ( )   Savings ( )

account indicated below and the depository named below to debit the same amount, beginning_____.

I choose to have my account debited for this amount:

Check one:

Bi-Weekly $_____ (Multiply weekly by 2)   Monthly $_____ (Multiply weekly by 4.33)

Depository / Bank: Name:_____

        Address:_____

        City / State / Zip: _____

Banking Transit –ABA #:   _____
        (9 digits located on the bottom left of your check)

Bank Account #:   _____

Please attach to this form a Voided Check if you've chosen a Checking Account or a pre-printed savings deposit ticket if you have chosen a Savings Account.

This authorization is to remain in full force effect until the Roman Catholic Church of the Holy Cross has received written notification at least five business days in advance of the desired termination date.

_____   _____Date: _____
        (Signature)   (Print Name)

If second signature is required:

_____   _____Date: _____
        (Signature)   (Print Name)

Address: _____City/State/Zip: _____

Home Phone: _____Work:_____Cell:_____

NOTES:
1. This form will be seen by the Bookkeeper only. You may mail it to the Parish Office or drop it off in a sealed envelope, attention Bookkeeper.
2. You can change amount of debit authorized or frequency by completing Form 1A.
3. To cancel authorization, you must fill out Cancellation of Authorization Form 1B
4. For any questions please call **631-265-2200 x110**, or e-mail **business@holycrossrc.org**