

Authorization Agreement for Automated Giving

I, _____, hereby authorize the R. C. Church of St. William the Abbot, 2000 Jackson Avenue, Seaford, NY 11783 to initiate debit entries to my Checking () Savings () account indicated below and the depository named below to debit the same such amount.

Amount \$ _____ Monthly on the fifteenth of the month.

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 the R. C. Church of St. William the Abbot 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 R. C. Church of St. William the Abbot, 2000 Jackson Avenue, Seaford, NY to discontinue automatic debit entries to my bank account.

(Authorized signature for above account) (Print Name)

Date: _____