

DEBIT AUTHORIZATION

I (we) hereby authorize St. Mary's Roman Catholic Congregation of Pontiac, Illinois to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

This authorization is for the purpose of my (our) Sunday donation and/or the various other monthly parish collections and is to be credited to St. Mary's Church in the amount as indicated below. Transactions will occur on the 10th day of each month.

TOTAL DONATION AMOUNT PER MONTH: _____

This amount to be credited as follows:

\$ _____ to St. Mary's General Fund (in lieu of Sunday collections)

\$ _____ to St. Mary's School (in lieu of monthly pink envelope collection)

\$ _____ to St. Mary's Building Maintenance Fund
(in lieu of monthly blue envelope collection)

Financial Institution Name

Branch, if applicable

Bank Address

City/State

Zip

Routing Number

Account Number

Acct. Type _____ Checking
_____ Savings

This authority is to remain in full force and effect until St. Mary's Roman Catholic Congregation of Pontiac, Illinois has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Mary's Roman Catholic Congregation and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PRINT Name(s) on account

Signature

ID Number - OFFICE USE ONLY

Date

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM.