

ST. CECILIA DIRECT DEBIT CONTRIBUTION

I (we) hereby authorize St. Cecilia Church to debit my (our) account indicated below. I (we) authorize the financial institution below to credit the amount of such entries to my (our) account. This authority is to remain in full force and effect until I (we) revoke the agreement as hereafter provided. Any revocation is effective only after St. Cecilia Church has received written notification from me (us) to terminate this agreement in such time and manner as to provide a reasonable opportunity to act upon the notice.

I (we) have the right to stop payment of a debit by notification to institution in such time and manner to afford a reasonable opportunity to act prior to charging the account. The institution has the authority to correct any errors and to deposit any such corrections to my (our) account.

New Authorization

Change in Authorization

Change in Account

_____ **I elect this payment option**

(Please include a voided check)

Parishioner Signature _____

Parishioner Name (Please Print) _____

Address _____

City, State, Zip _____

Frequency

Your gift will be transferred on the 1st **OR** the 15th of each month, **OR** every week (Tuesdays). Please select one below (indicate with a checkmark):

1st of each month

15th of each month

Weekly (Tuesdays)

I no longer wish to have Envelopes mailed to my home.

Fund Designation

A. Normal/Operating Collection \$ _____

SPECIAL CONTRIBUTIONS

B. Easter \$ _____

C. Christmas \$ _____

D. Special Needs \$ _____

E. Sharing \$ _____

F. Catholic Education \$ _____

Phone Number _____

Name on Account _____

Institution Name _____

Account Number _____

Debit Amount _____

Parish ID Number _____