

St. Mary's Syro-Malabar Catholic Church

Direct Debit (ACH) Authorization

Bank Account Type: <input type="checkbox"/> <i>Checking Account</i> <input type="checkbox"/> <i>Savings Account</i> Bank _____ Acct. # _____ Routing# _____
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Please attach a void check or a Savings account deposit slip

Capital Campaign	\$ _____	Sunday Offering	\$ _____	Total Monthly	\$ _____
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Account Holder /s Information

Primary Holder
Full Name: _____
Last *First* *M.I.*

Second. Holder
Full name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/ Unit #*

_____ *City* *State* *ZIP Code*

I/We authorize St. Mary's Syro-Malabar Catholic Church to charge monthly my **checking/ savings** account for the amount of \$ _____. This authorization will remain in force and effect until St. Mary's Syro-Malabar Catholic Church receives written notice from me/us for its termination. Debits will begin after receipt of authorization on the 10th of the next month for capital campaign payments and or offerings.

Primary Account Holder _____
Full Name *Signature*

Secondary Account Holder _____
Full Name *Signature*

Date: _____ **Email Address** _____ **Phone#** _____

For Office use only	Envelope Number _____
Capital Campaign \$ _____	Sunday Offering \$ _____
Total Monthly \$ _____	Cancelled on _____
Starting Month _____	Date Cancellation Rcvd. _____
Vicar _____	_____