

Divine Word Catholic Church

- Authorization Agreement for Automated Giving -

I _____ hereby authorize Divine Word Catholic Church, Kirtland, OH to initiate debit entries to my Checking () Savings () account indicated below and the depository named below to debit the same such amount.

Amount \$ _____
Check one: _____ Monthly on the _____ 5th _____ 15th _____ 30th
_____ Weekly (every Monday)

Depository: Name _____
Address _____
City/State/Zip _____

Banking Transis-ABA # _____
(always nine digits)

Bank Account Number _____
(Please attach 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 Divine Word has received written notification at least five (5) 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

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Cancellation of Automated Giving

I, _____, direct Divine Word Catholic Church, Kirtland, OH to discontinue automatic debit entries to my bank account.

(Authorized signature for the account) Print Name Date: _____

(Only one signature is necessary to make this cancellation request)

PLEASE COMPLETE AND RETURN THIS FORM TO THE PARISH FINANCE OFFICE