Authorization Agreement for Automatic Giving

I (we),_____ hereby authorize St. Ambrose Church, Brunswick, Ohio, to initiate debit entries, if necessary, credit entries and adjustments to my (our) Checking ( ) Savings ( ) account indicated below and the depository named below to debit and, if necessary, credit the same such amount.

AGREEMENT TYPE: Choose **ONE** of the following:

- ❑ New Authorization Agreement
- ❑ Change to Existing Agreement

TERMS: Choose **ONE** of the following:

- ❑ Weekly: Every Friday Amount: $_____
- ❑ Monthly: On the 1st of each month Amount: $_____
- ❑ Monthly: On the 15th of each month Amount: $_____

DEPOSITORY: (please print)

Name: _____

Address: _____

City, State, Zip: _____

Banking/Transit/Routing #_____

Bank Account Number: _____

****Please attach to this form a voided check if checking account debit or a pre-printed savings deposit ticket (MUST HAVE Routing #) if savings account debit.**

Name(s):_____ _____
Print Name Signature

_____ _____
Print Name Signature

Address: _____
Street City, State, Zip

E-mail Address: _____

Phone: _____ _____
Home Phone Cell Phone

Date Signed: _____

This agreement may be cancelled at any time by giving St. Ambrose Church written notification at least five business days in advance of the desired termination date. Unless otherwise directed in writing by person whose signature appears above, the date of the first debit will be the first applicable date following receipt of this form by the Business Office. Questions: Please contact the Business Office at 330-460-7335 or lrogers@stambrose.us

For Business Office Use Only

Date of 1st debit: _____ Date entered into PDS _____ Date Rec'd _____

Tuition ACH_____ Terms _____ Envelope # _____ B/O initials____

.