

Authorization for Direct Debit of Monthly Contributions

Please complete form in entirety using blue or black ball point pen

Parishioner Name: _____
Last Name *First Name* *Initial*

Parishioner Address: _____
Street Address(including Apartment #) *City* *State* *Zip Code*

Parishioner Phone Nun _____
Day _____
Evenng _____

Parishioner E-Mail Address: _____

Debit Amount: \$ _____ .00
Monthly Direct Debits shall be transferred on the 15th day of each month

Bank Account Information:

Name of Bank: _____

Bank Address: _____
Street Address *City* *State* *Zip Code*

Bank Phone Number: () _____

Bank Routing / Transit Number:** _____
(9 digits - usually in lower left hand corner of check before account number)

Type of Account: **Checking Account** _____
OR *Account #*
 Savings Account _____
Account #

** Some banks have different Routing and Transit numbers on their checks and deposit slips. Please verify, with your bank, the correct number to be used for ACH drafts.

I understand my authorization will continue until such time as St. Columbkil's Church has received **written** notification of the termination of this authorization. To terminate or change this authorization, I will notify St. Columbkil's Church in such a manner and in such time as to afford a reasonable opportunity to act on my notice of change or termination. All terminations or changes, must be received **3 business days** prior to the scheduled transfer of funds date.

_____ **Signature of Account Holder**

_____ **Date**

_____ **Signature of Account Holder**

_____ **Date**

Internal Use Only	
Recvd	_____
Dbase	_____
Prenote	_____
Procd	_____
Initials	_____
1stDD	_____

Please attach a VOID CHECK or DEPOSIT SLIP to this form

Please return form to:
St Columbkil, Attention Direct Debit, 200 Indian Spring Road, Boyertown, PA 19512