

# St. Mary's Syro-Malabar Catholic Church

## Direct Debit (ACH) Authorization

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

<b>Capital Campaign</b>	\$ _____	<b>Sunday Offering</b>	\$ _____	<b>Total Monthly</b>	\$ _____
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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 10<sup>th</sup> 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#** \_\_\_\_\_

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