

Holy Rosary Catholic Church
1301 S. Green River Road
Evansville, IN 47715
(812) 477-8923

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

****TITHING AUTHORIZATION FORM****

Member Name(s) _____ Phone Number _____

I (We) hereby authorize *Holy Rosary Catholic Church* hereinafter called *Church*, to initiate Direct Debit of my offertory collections and necessary credit entries for adjustment to correct errors to my (our) ___CHECKING ___SAVINGS ACCOUNT (select one) indicated below at the depository name below, hereinafter called **DEPOSITORY**.

Depository Name _____

City _____ **State** _____ **Zip** _____

Transit/ABA# _____ **Acct.#** _____

(Bank Account Number – first 9 digits on bottom of check)

Amount of Contribution \$ _____

Frequency of Donation: Weekly _____ **or Monthly** _____

(Withdrawal –weekly every Monday or Monthly on the 1st (or the next business day)

This authority is to remain in full force and in effect until CHURCH has received written notification from me (or either of us) of its termination in such time and in such manner at to afford CHURCH and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____

(Please Print)

DATE _____ **SIGNED** _____

DATE _____ **SIGNED** _____

Please attach voided check for checking account or voided deposit ticket for saving account. **Note: If this is a joint account, all authorized individuals must sign.*

If you have any questions, please contact Lauren Bordfeld at 477-8923 x240 or Joe Holtz x227