

Please attach a voided check

St Bernadette Church

1479 Locust Lake Rd
Amelia, OH 45102-1798
StBernadetteAmelia@fuse.net
513 753-5566

Authorization Agreement for Direct Contributions

I hereby authorize St. Bernadette Church, 1479 Locust Lake Rd., Amelia, Ohio to initiate electronic debit entries withdrawing funds from my account indicated below, and the financial institution named below to debit such entries to such account.

This Authorization replaces any prior authorization I may have given, and will remain in effect until St. Bernadette Church has received written notice from me directing the termination of this authorization in such time and in such manner as to afford St. Bernadette and the financial institution a reasonable opportunity to act on it.

Financial Institution (Name) _____

(City, State) _____

(Routing/Transit #) _____

Account Number _____

Checking

Savings

Each preauthorized contribution is in the amount of \$ _____, which amount shall be payable (check one):

Weekly

Bi-Weekly

Monthly

Name _____

Street _____

City, State, Zip _____

Phone _____

Signature _____

Date _____