

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

I (we) authorize Holy Angels Church to initiate electronic debits to my (our)

_____Checking

_____Savings (select one)

in the amount of \$_____per month and the Financial Institution indicated on the voided check below to credit and/or debit the same to such account. This will take place approximately the 15th of each month.

PLEASE ATTACH VOIDED CHECK OR SAVINGS DEPOSIT TICKET HERE.

This authority is to remain in full force and effect until Holy Angels has received written Notification from me of its termination in such time and in such manner as to afford Holy Angels and Financial Institution a reasonable opportunity to act on it.

NAME_____

ADDRESS_____

PHONE NUMBER_____

SIGNATURE_____DATE_____

EMAIL ADDRESS_____

Please return completed forms to the Parish Office.

Church of the Holy Angels
1322 Brown Street
Dayton, Ohio 45409
(937) 229-5911