

St. Patrick of Heatherdowns

Debit Authorization Form

Name: _____ Env. # _____

I hereby authorize St. Patrick of Heatherdowns to initiate debit entries to my checking / savings account indicated below and the bank names below.

Bank name: _____ Branch: _____

City: _____ State: _____ Routing #: _____

Account No. _____ Type of Account: Checking / Savings

Please debit my account for a total of \$ _____ per month

I have chosen the **15th** _____ the **30th** _____ or both dates _____ each month.

The authority is to remain in full force and effect until Church and Bank have received written notification from me.

Signature _____ Date _____

Attach copy of voided check