



## St. Gertrude Parish

### Authorization Agreement for Direct Contributions

I hereby authorize St. Gertrude Parish, 7630 Shawnee Run Road, Cincinnati, Ohio 45243 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

Financial Institution: (Name) \_\_\_\_\_

(City, State) \_\_\_\_\_

Routing & Transit Number: \_\_\_\_\_

Account Type: (check one) \_\_\_\_\_ Checking or \_\_\_\_\_ Savings

(Please attach a voided check to verify Account and Routing/Transit information)

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

\_\_\_\_\_ Weekly

\_\_\_\_\_ Bi-Weekly

\_\_\_\_\_ Monthly

In addition I would like to authorize Holy Day contributions in the amount of \$\_\_\_\_\_.

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

Your full name (PRINT): \_\_\_\_\_

Your ID (Social Security) No: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_