

**ST AGNES PARISH
DEBIT AUTHORIZATION AGREEMENT**

* * * AUTHORIZATION AGREEMENT FOR DIRECT GIVING * * *

() NEW AUTHORIZATION

I hereby authorize St. Agnes Parish to initiate monthly debit entries in the amount specified, from my account/depository as listed below. If necessary, I also authorize St. Agnes Parish to initiate credit entries and/or adjustments for any debit entries made in error. This authorization is to remain in full force and effect, for the period specified below, until St. Agnes Parish has received written notification from me of its termination in such time as to afford St. Agnes Parish a reasonable opportunity to act on it.

Monthly Debit Amount: \$ _____ . ____

Beginning Date of Authorization: ____/____/____

*Bank Information: () Checking account () Savings account - (select one)

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _ _ _ _ _ Account Number: _____

* Attach proof of account below

() CHANGE OF ACCOUNT (A 2 week notice is necessary for all changes)

I hereby authorize St. Agnes Parish to change the account/depository that is currently being used for DTP to the following new account beginning with the debit scheduled for ____/____/____:

*Bank Information : () Checking account () Savings account - (select one)

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _ _ _ _ _ Account Number: _____

* Attach proof of account below

() CHANGE OF AMOUNT (A 2 week notice is necessary for all changes)

I hereby amend the monthly amount indicated on the previously signed debit authorization form to: \$_____. beginning with the withdrawal on ____/____/____.

() TERMINATION OF AUTHORIZATION (A 2 week notice is necessary for termination)

I hereby cancel my previously signed debit authorization. I wish to have no further withdrawals from my account for Sacrificial Giving.

NAME _____ SIGNATURE: _____ DATE: ____/____/____
(Please Print)

* Attach proof of account here

Return your completed form to:
St. Agnes Parish Office
1484 Ninth St.
Green Bay, WI 54304

DEBIT AUTHORIZATION AGREEMENT DIRECTIONS

GENERAL INFORMATION:

- Direct Giving is withdrawn on the 1st of each month. St. Agnes will continue to process Direct Giving at this rate until you either change or cancel this authorization agreement.
- No withdrawal confirmation will be sent to you each month. Your personal bank statement and year end tax statement will be your record of payment.
- When filling out this form, put an "X" in the (____) next to the action that you would like to perform (New, Change, or Termination) so that your request can be properly handled. Only one action can be done on a single form. Please only fill in information in the area that you are requesting the action to be taken.
- *Proof of account: A voided check is proof of account for a checking account. Deposit slips cannot be accepted because they often do not contain the correct routing numbers on them. Proof of account for a savings account can be obtained from your bank. The information that the bank provides you must include the routing and account number.
- All authorization agreements must be **SIGNED** and **DATED** no matter which action you are performing

NEW AUTHORIZATIONS (INITIAL SET UP):

- The *Monthly Debit Amount* is the amount that you wish to have deducted from your checking account each month and given to St. Agnes Parish as Sacrificial Giving
- The *Beginning Date of Authorization* should be the first payment withdrawal date.
- Mark the spot indicating if the amount is to be withdrawn from a checking or savings account. Be sure to attach proof of account as described in the general information above.
- Fill in your *Bank Name* and corresponding information. *Branch* refers to the bank branch that you usually use. *City, State, and Zip* are usually printed on the bottom of your checks.
- Your *Routing Number* is the first 9 digits printed at the bottom of your checks. This number usually starts with 0759, 0750, or 2759. This is your bank's electronic address.
- Your *Account Number* is the next set of numbers on the bottom of your check. Do **not** put in spaces or punctuation that is shown. Be careful not to include the set of numbers farthest to the right, these correspond to your check number, and are only there to assist your bank with the checking process.

CHANGE OF ACCOUNT:

- Fill in the date on the spaces provided with the withdrawal date that you wish this change to be effective. Please keep in mind that a minimum 2-week notice is needed for any changes.
- See the New Authorization instructions above for detailed information.

CHANGE OF AMOUNT:

- You do not need to fill out a change of amount for script credits. Please see the note regarding this in the General Information above.
- When you wish to change the amount of your giving, simply write in the new amount.
- Fill in the date on the spaces provided of the withdrawal date that you would like this change to be effective. Please keep in mind that a minimum 2-week notice is needed for any changes and that the withdrawals are made on the 1st of each month.

TERMINATION OF AUTHORIZATION:

- Marking this action, and signing the form will terminate your prior authorization form.

Thank you for your continued support of St. Agnes Parish.