

St. Dominic Church
Automatic Withdrawal Form

Below is an authorization form, which gives St. Dominic Church authority to withdraw payments from your account. Simply complete this form and attach a voided check from the account that you wish to have your payments withdrawn from.

1. Indicate whether your payment will be withdrawn from your checking or savings account.
2. Attach a voided check for verification of all account and routing numbers.
3. Be sure to sign the form and return to:

Rosemary Warren, Bookkeeper
St. Dominic Church
303 West Main Street
Springfield, KY 40069

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS)
ST. DOMINIC CHURCH

I (we) hereby authorize St. Dominic Church to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

Checking Account Savings Account (Select one)

ABA # _____ Account # _____

I (we) would like to initiate debit entries:

Withdrawal Amount \$ _____

Withdrawal Dates are the 5th and 20th of every month. If these days fall on a weekend or holiday, withdrawals will be 1-2 days late.

I would like withdrawals to be made on the 5th 20th or 5th and 20th . **(Check One Box)**

PAYMENTS SHOULD BE CREDITED AS FOLLOWS:

Stewardship \$ _____ Start Date _____

Capital Campaign \$ _____ Start Date _____

Building a Future of Hope \$ _____ Start Date _____

The Ending Date for this Authorization will be determined when we receive your commitment for the following year. For example, if your new form for the new fiscal year arrives July 21st, the ending date for this commitment will be July 20th with your new rate going into effect on August 5th. You may email stdombkeeper@bellsouth.net if it is necessary to discontinue on a certain date.

PAYOR NAME(S) _____
(Please Print)

DATE _____ SIGNED X _____

SIGNED X _____