



CHURCH OF THE ASSUMPTION

Donor Direct Deposit Authorization Agreement

I hereby authorize the Church of the Assumption to deposit my regular offertory contribution by initiating entries to my account at the financial institution (hereinafter BANK) indicated below.

Donor Information

Envelope # _____

(please print)

Name _____ Social Security # ____-____-_____

Address _____

City, State, Zip _____

Telephone # _____

Name of BANK: _____

Bank Account # _____

Initial signup: (or change in bank or account#)

*Please attach a **voided check**. It must include the 9 digit routing code and account number.*

Start date: / / (Please allow 10 days to 2 weeks for start-up.)

Amount of deduction \$ _____.

I wish my deductions to be made on: *(check only one)*

First day of each month

15th of each month

Each Monday

For change in amount: *(voided check not required)*

Change amount of deduction from \$ _____ to \$ _____

This authorization is to remain in full force and effect until the Church of the Assumption and BANK have received WRITTEN NOTICE from me of its termination in such time and in such manner as to afford the Church of the Assumption and BANK a reasonable opportunity to act on it.

Donor Signature _____ Date _____