



AUTHORIZATION AGREEMENT FOR DEBIT DONATIONS

I/We hereby authorize Christ the King Catholic Church to initiate a debit (withdrawal) from my/our
 Checking Account or **Savings Account**
indicated at the bank or financial institution named below ("**Depository**").

I/We acknowledge the origination of Electronic (ACH) transactions to or from
the account must comply with the provisions of U.S. law.

Please mail a voided check or deposit slip with this form to the address above.

DEPOSITORY INFORMATION

Parishioner(s) Bank Name _____

Bank Account # _____ Bank Routing # _____

The Future of Our Faith Capital Campaign

Frequency of Donations and Scheduled Withdrawals

Total Pledge \$ _____ **Number of Years** _____

- | | |
|---|-----------------|
| <input type="checkbox"/> Monthly on the 5 th | Amount \$ _____ |
| <input type="checkbox"/> Monthly on 20 th | Amount \$ _____ |
| <input type="checkbox"/> Quarterly on Jan., Apr., July, & Oct.
_____ 1 st or _____ 15 th | Amount \$ _____ |
| <input type="checkbox"/> Semi-annually on Jan. 15 & July 15 | Amount \$ _____ |
| <input type="checkbox"/> Yearly - Month _____ | Amount \$ _____ |

Parishioner Name (please print) _____

Parishioner Signature _____

Parishioner Address _____

Parishioner email address _____ Phone # _____

Envelope/ID # _____ Date _____

CANCELLATION POLICY

This authorization is to remain in full force and in effect until **Christ the King Church** has received written notification from the authorized person on the account of termination. Please allow an adequate time frame that will allow **The Church** and **Depository** a reasonable opportunity to cancel.