St. Mary - Holy Cross Parish

TITHING AUTOMATIC DEBIT AUTHORIZATION FORM

ddraga					
Address:					
Phone Number:	Email Address:				
	e complete				
Action Requested:	Name of your Financial Institution:				
☐ Initial ACH Set-Up					
	Address:				
☐ Increase Current ACH amount					
☐ Change of information	Account Number:				
	Checking □ OR Savings □				
	Bank Routing Number:				
	**(see below)				
	Amount to be Deducted: \$				
	Please check				
	15 th of the month OR 30 th of the month				

AUTHORIZATION- Please read

I authorize St. Mary - Holy Cross Church to debit by electronic transfer from my account above and credit by electronic transfer to St. Mary - Holy Cross Church the amount that I have indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that St. Mary -Holy Cross Church may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. St. Mary - Holy Cross Church reserves the right to reverse an incorrect posting however, I fully understand that St. Mary - Holy Cross Church must notify me on or before the settlement date and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., changing account number, closing account, changing banks, etc. it is my responsibility to contact St. Mary - Holy Cross Church immediately.

St. Mary - Holy Cross Church will retain this authorization until written notification from signer has been received, stating a change or to discontinue this transfer election.

Signature					