

St. Mary's Syro Malabar Catholic Church Orlando

2851 Sanford Ave, Sanford, FL 32773.

ACH Authorization Form

For Office Use Only Envelope # Date

Effective Date of Authorization

Type of Authorization Form: New Authorization Change Banking Information
 Change Donation amt Discontinue Electronic Donation
 Change Donation Date

Last Name: First Name

Address:

City: State: Zip:

Email: Phone:

Please debit my donation from my (check one): Routing Number:

Checking account (attach a voided check below)

Savings Account (contact your financial institution for routing number)

(valid routing number must start with 0, 1, 2, or 3)

Account Number:

Date of First donation:

Frequency of Donation: (check only one)

Funds and Amounts:

Monthly on the 5th

Monthly Fund \$ _____

Monthly on the 10th

Capital Fund \$ _____

Monthly on the 15th

_____ \$ _____

Monthly on the 25th

Total \$ _____

AGREEMENT

I authorize St. Mary's Syro-Malabar Church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:

Date:

Please attach voided check here.