



**St. Mary's Catholic Church**  
PO Box 11383  
Fort Wayne, IN 46857-1383  
260.424.8231

## Authorization Agreement for Direct Payment

Select one option please. A separate Authorization Agreement is required for each type of automated giving.

- \_\_\_\_\_ Automated Sunday Envelope Collection  
\_\_\_\_\_ Automated Soup Kitchen Donation  
\_\_\_\_\_ Automated Ave Maria House Donation

I (we) hereby authorize **St. Mary's Catholic Church** to initiate debit entries to my (our)  Checking  Savings account (select one) indicated below and the financial institution named below to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of all applicable state and federal laws and regulations. The amount of this debit entry should be \$\_\_\_\_\_. The frequency of this debit entry should be \_\_\_\_\_ (weekly, bi-monthly, or monthly), and should start effective \_\_\_\_\_ (input date).

Your Financial Institution

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Routing Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authority is to remain in full force and effect until **St. Mary's Catholic Church** has received written notification from me (or either of us) of termination of this authorization in such time and in such manner as to afford **St. Mary's Catholic Church** and your Financial Institution a reasonable opportunity to act on it.

Printed Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM AND RETURN THIS FORM TO ST. MARY'S CATHOLIC CHURCH.**