Authorization Agreement for Automatic Contribution Program
HOLY CROSS CHURCH_

DEPOSITORY'S NAME(s) ON ACCOUNT: _____

I (We) hereby authorize Holy Cross Church to initiate debit to my (our) Account indicated below at the depository financial institution named below, and to debit the same to such account. I (We) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Name of Bank _____

Routing Number _____
(First 9 Digits in Lower Left of Check)

Account Number _____
(Group of Numbers Following Routing Numbers)

Circle one: Checking Saving

DEBIT AMOUNTS (Debited on the 5th of every month)**:**

Sunday Collections **$**_____
Development Fund **$**_____
Holy Cross Tuition Assistance **$**_____
STM Tuition Assistance **$**_____

PLEASE ATTACH A VOIDED CHECK (not a deposit slip**).**

This authorization is to remain in full force and effect until Holy Cross Church has received written notification from me (or either of us) of its termination in such time and in such manner
as to afford Holy Cross Church and Depository a reasonable opportunity to act on it.

Name(s) _____ _____
(Please print) (Please print)

Signature_____ **Signature**_____

Date_____

Please circle one: New Change Cancel