

SHRINE OF THE TRUE CROSS CATHOLIC CHURCH AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY, ST., ZIP _____

Account 1 BANK OR CREDIT UNION (FINANCIAL INSTITUTION) _____

CITY _____ STATE _____ ZIP CODE _____ CHECKING _____ SAVINGS _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

DATES TO BE WITHDRAWN _____ AMOUNT OF EACH WITHDRAW _____

Account 2 BANK OR CREDIT UNION (FINANCIAL INSTITUTION) _____

CITY _____ STATE _____ ZIP CODE _____ CHECKING _____ SAVINGS _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

DATES TO BE WITHDRAWN _____ AMOUNT OF EACH WITHDRAW _____

Authorization to honor checks drawn by Shrine of the True Cross Church As a convenience to me, I hereby request and authorize you to pay and charge the account identified above, debit entries drawn on the account by Shrine of the True Cross Church provided there are sufficient funds in the account to pay the same on presentation. This authorization shall remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected by honoring any such debit entry. I agree that your rights in respect to any debit entry shall be the same as if it were a check signed personally by me. I further agree that if any such debit entry be dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever.

SIGNATURE OF BANK ACCOUNT OWNER (Required) _____

DATE _____

SIGNATURE OF JOINT BANK ACCOUNT OWNER (Required on Joint Account) _____

DATE _____



ATTACH VOIDED CHECK FOR A CHECKING ACCOUNT AND/OR VOIDED

DEPOSIT SLIP FOR A SAVINGS ACCOUNT.

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