



**St. Maurice
Catholic Church
St. Maurice, Decatur Co
812-663-4754**

St. Catherine of Siena Parish
at
St. Maurice & Enochsburg
Rev. William Ehalt, Pastor
9995 East Base Road
Greensburg IN 47240



**St. John the Evangelist
Catholic Church
Enochsburg
812-934-2880**

Automatic Debit Authorization Form for Sunday Collections

(Please return completed form to Enochsburg Parish Office)

(Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Name/Address Change | <input type="checkbox"/> Change Withdrawal Account |
| <input type="checkbox"/> Change Frequency | <input type="checkbox"/> Stop Payment | <input type="checkbox"/> Change Account Information |

St. Catherine of Siena will electronically debit funds from your account according to the following terms:

Account Holder's Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Collection Envelope Number: _____

Email address for confirmation notices: _____

Amount per withdrawal for Sunday Collection: \$ _____

Frequency: Weekly Monthly

Name of Bank: _____

Bank Branch Location: _____ Type of Bank Account: Checking Savings

Bank Routing Number: _____ Bank Account Number: _____

I (we) hereby authorize St. Catherine of Siena, hereinafter called ORGANIZATION, to initiate debit entries to my (our) account indicated above at the depository financial institution named above, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law, and the DEPOSITORY account is located within the US. This authorization is to remain in full force and effect until ORGANIZATION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it. Payments will be drawn on Tuesday or first Tuesday of the month depending on frequency above.

Name(s)	_____
	(Please Print)
Date	_____ Signature _____