## St Bernadette Church 1479 Locust Lake Rd Amelia, OH 45102-1798 StBernadetteAmelia@fuse.net 513-753-5566

## **Authorization Agreement for Direct Contributions**

I hereby authorize St. Bernadette Church, 1479 Locust Lake Rd., Amelia, Ohio to initiate electronic debit entries withdrawing funds from my account indicated below and the financial institution named below to debit such entries to such account. This Authorization replaces any prior authorization I may have given and will remain in effect until St. Bernadette Church has received written notice from me directing the termination of this authorization in such time and in such manner as to afford St. Bernadette and the financial institution a reasonable opportunity to act on it.

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Financial Institution (Name) _		
(City, S	State)	
(Routin	ng / Transit #)	
Account Number		
Checking	Savings 🗆	
(Please attached a voide	ed check to verify the account a	and bank routing numbers.)
Each preauthorized contribut shall be payable (check one):	tion is in the amount of \$	, which amount
Weekly	□ Bi-Weekly □	Monthly
Phone Number	Email	
Print Name		-
Signature		Date
email to marmstron	g@stbameliaparish.org	
FOR OFFICE USE ONLY:		
Parish ID #:		