

St. Philip Catholic Church
3500 St. Philip Rd. S
Mt. Vernon, In 47620
Phone: 985-2275, Fax: 985-2590

Authorization Agreement for Direct Debit for Tithe and Tuition

Member Name (s) _____

I (We) hereby authorize St. Philip Catholic Church, to initiate debit entries to my (our) account indicated below and the financial institution named below, to debit the same to such account for my (our) stewardship and/or tuition payment. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. laws.

Information About Your Account

(Banking Institution Name) (Branch/Street Address)

(Name or Names as listed on the Account)

(Your Personal Address) (City/State) (Zip)

Routing Number* (Account Number)** _____ or _____
Checking Savings

* The Routing Number is the first group of numbers (9 digits) found on the bottom of the check

** The Account Number is the next group of numbers on the bottom of the check

Amount of Contribution to Tithe \$ _____ Amount of payment for Tuition \$ _____ (1/12 of your total)

Frequency Selection (Mark one Box)

Weekly every Monday, Tuesday for all Bank Holidays that fall on Mondays to begin on (date) _____

Monthly on the 1st of each Month to begin on (date) _____

Monthly on the 15th of each Month to begin on (date) _____

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

Signed _____ Date _____

Signed _____ Date _____

Please attach a voided checking or savings account check. If this is a joint account, all authorized individuals must sign this form. Completed forms can be returned to the parish or school office to the attention of Edie Uhde in a sealed envelope.