

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

**AUTHORIZATION AGREEMENT FOR DIRECT DEBIT
(Automatic Payment)**

Member Name(s) _____ Phone Number _____

I(We) the undersigned account holder(s) hereby authorize the automatic payment of my (our) budget (offertory gift) to St. Philip Church.

Please withdraw the automatic payment from my (our) Checking Acct. ___ or Savings Acct. ___ (select one) and deposit it in the St. Philip Church Account at First Federal Savings Bank, Evansville, Indiana.

Your Banking Institution Name _____

Street Address _____

City _____ State _____ Zip _____

Transit/ABA# _____ Account # _____

(Bank Account Number – first 9 digits on bottom of check)

Amount of Contribution \$ _____

Frequency of Donation: Weekly _____ Monthly 1st _____ or 15th _____
(Withdrawal-Weekly every Monday, or Monthly on the 1st or 15th, or next business day if applicable.)

We would like our withdrawals to commence on the _____ of _____, 2008 and continue until we give written instructions to cease.

Name(s) _____
(Please print)

Date _____ Signed _____

Date _____ Signed _____

Please attach voided checking account or savings check.

***Note: If this is a joint account, all authorized individuals must sign.**