

ST. MARY'S CATHOLIC CHURCH OSKALOOSA

AUTOMATIC DEBIT TITHING REQUEST

Today's Date _____

Church Offering Envelope # _____

I hereby request St. Mary's Catholic Church, Oskaloosa debit my

Checking/Saving Acct.# _____

(circle one) monthlv or twice monthly for my Tithing contribution in the amount of \$ _____

(circle one)

beginning on _____

(month/day/year)

Parishioner Signature (as on bank account) _____

Parishioner Signature (as on bank account) _____

AUTHORIZATION FOR DIRECT DEBIT

NAME _____

ACCOUNT # _____

(checking savings) (same as above)

—circle one—

I hereby request St. Mary's Catholic Church, Oskaloosa, hereby called St. Mary's, to initiate debit entries to account identified above.

BANK NAME _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING # _____

(9 DIGIT NUMBER LOWER LEFT CORNER OF CHECK)

This is to remain in full force and effect until St. Mary's has received written notification from me of its termination in such time and in such manner as to afford St. Mary's a reasonable opportunity to act.

NAME(S) _____

DATE _____

(signature)

This information is not kept in our database, but is given to the Boyle Henderson CPA for processing. Withdrawals as designated are made near or around the 1st and 15th depending on the Bank processing timeline.