

All Saints Parish



Authorization Agreement for Electronic Contributions

I hereby authorize **All Saints Church** to initiate electronic debit entries to my account designated below in the amount stated and on the schedule indicated. Please commence on ___/___/____. This authorization remains in full force and effect until All Saints Church has received notification from me of its termination in such time and in such manner to afford All Saints Church and my depository financial institution a reasonable opportunity to act on it.

Personal Information		
Name		
Address		
City	State	Zip
Phone Number	Email	

Financial Institution Information	
Bank Name	
Routing Number	Account Number

Please attach a voided check to verify accuracy of routing and account numbers.

Contribution Information (Pick one or both)

Sunday Offering
Amount of each contribution \$ _____
Frequency (select one)
<input type="checkbox"/> Weekly on Monday
<input type="checkbox"/> Monthly on 1st day of the month
<input type="checkbox"/> Monthly on the 15th day of the month

Capital Improvements Fund
Amount of each contribution \$ _____
Frequency (select one)
<input type="checkbox"/> Weekly on Monday
<input type="checkbox"/> Monthly on 1st day of the month
<input type="checkbox"/> Monthly on the 15th day of the month

Signature	Date
-----------	------

Please return in a sealed envelope. Drop in the collection basket or mail to the Finance Office.
Finance Office, All Saints Church, 8939 Montgomery Road, Cincinnati, OH, 45236