

**AUTOMATIC BANK DRAFT
AUTHORIZATION FORM**

St. George Catholic Church
7808 St. George Drive
Baton Rouge, LA 70809

ACH 214

FOR OFFICE USE ONLY

ENVELOPE #

DATE

Effective Date: _____

Type of Authorization Form: New Authorization Change banking information
 Change donation amount Discontinue electronic donation
 Change donation date

Last Name

First Name

Address

City

State

Zip

Please debit my contribution from my (check one):

- Checking Account (attach a voided check)
 Savings Account (attach a savings deposit slip)

Routing Number: _____

Valid Routing # must start with 0,1,2, or 3

Account Number: _____

Date of first contribution:

____/____/____

Frequency of contribution:

- Semimonthly** (transferred on the 1st & 15th)
 Monthly
 transfer on the 1st
 transfer on the 15th
 Quarterly
 Semi-Annual
 Annual

Designated Amount:

per contribution

- General Fund \$ _____
 Building Fund \$ _____
 Capital Campaign \$ _____

AGREEMENT

I hereby authorize ***St. George Catholic Church*** to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signature on my account:

Date:

Please attach a voided check or savings deposit slip.