

St. Sebastian Congregation

5400 Washington Blvd. Milwaukee, WI 53208

AUTHORIZATION AGREEMENT FOR ACH DEBIT

Effective Date: _____ (Contributions are transferred on the 1st or 15th business day of each month)

_____ New Authorization

_____ Change Financial Institution Account

_____ Change Contribution Amount

BANKING/CONTRIBUTION INFORMATION

Bank / Credit Union Name

Branch

City / State / ZIP

Transit / ABA Number

Account Number

***** Please attach a voided check or bank letter *****

Church Envelope # _____

_____ I (we) would like to contribute the sum of _____ each month.

Please debit my account on: _____ 1st _____ 15th

Please allocate \$ _____ to Regular Giving \$ _____ Building Fund

AUTHORIZATION

I (we) hereby authorize Saint Sebastian Congregation to process debit entries to my (our) account. I have attached a voided check or savings deposit slip. This authority will remain in effect until St. Sebastian Congregation receives reasonable advance written notice to terminate the authorization.

Adult 1 Name _____
Please Print Signature Date

Adult 2 Name _____
Please Print Signature Date

Please Note:

- If joint account both owners must sign above.
- Check if you no longer wish to receive parish contribution envelopes. _____
- Remember to attach a voided check or bank authorization letter.