

ST. MAXIMILIAN KOLBE CHURCH:
AUTHORIZATION FOR DIRECT DEBIT OF
WEEKLY OR MONTHLY
CONTRIBUTIONS

SECTION 1 MEMBER INFORMATION

| | | |
|------------------------------------|------------------------|----------|
| NAME (Last, First, Middle Initial) | | |
| ADDRESS (Street, route, P.O. Box) | | |
| CITY | STATE | ZIP CODE |
| TELEPHONE NUMBER () | Parish Envelope Number | |

I hereby authorize St. Maximilian Kolbe Church to debit funds from the account at the FINANCIAL INSTITUTION designated below, and I further authorize the FINANCIAL INSTITUTION to debit the same to such account without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow the above a reasonable opportunity to act upon it.

I agree to notify the St. Maximilian Kolbe Church at 610-399-6936 if I wish to change the designated FINANCIAL INSTITUTION or account from which the funds are to be debited from 30 days prior to the effective date of such change.

| | | |
|------------------|-------------|-------------------------|
| SIGNATURE | DATE | TELEPHONE NUMBER |
|------------------|-------------|-------------------------|

SECTION 2 FINANCIAL INSTITUTION INFORMATION

| | | |
|--|---|--------------------------|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION | ROUTING NUMBER | CHECK DIGIT |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| | TYPE OF DEPOSIT ACCOUNT | |
| | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | |
| DEPOSITOR ACCOUNT NUMBER | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |

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|---|
| <p>Weekly / Monthly (Circle One)</p> <p>DIRECT DEBIT \$ _____</p> |
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| <p>ATTACH VOIDED CHECK HERE (No Deposit Tickets)</p> |
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