



St. Vincent de Paul
Catholic Church

SACRIFICIAL GIVING
AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

I (we) hereby authorize **St. Vincent de Paul Parish** (hereafter referred as Company) to initiate debit entries to checking account at depository indicated below (hereafter referred as Account). I understand the monthly amount withdrawn from Account will be for the entire amount due to Company. In addition, I authorize Company to promptly correct any amounts withdrawn from Account in error. I understand that a Company error can result in additional monies due to Company. This authority is to remain in full force and effect until Company has received written notification from Account holder of its termination in such time and in such a manner as to afford Company and Depository a reasonable opportunity to act on it.

BANK/FINANCIAL INSTITUTION INFORMATION:Please copy-paste to your desktop, to complete.
PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Transit Number: _____

Bank Account Number: _____

Name of Account Holder: _____

Bank Name/Address:

City/State/Zip: _____

Month and Year to Begin Withdrawals: _____
(Withdrawals are made on the 16th of every month)

Monthly Withdrawal Amount: \$ _____

Depositor's Daytime Phone: () _____

Signature of Depositor: _____

Signature of Joint Depositor: _____