

ST. JOHN OF ROCHESTER CHURCH

Donor Direct Deposit Authorization Agreement

I hereby authorize St. John of Rochester Church to deposit my regular offertory contribution by initiating entries to my account at the financial institution (hereinafter BANK) indicated below.

Donor Information

(please print)

Name _____

Address _____

City, State, Zip _____

Telephone # _____

Name of BANK: _____

Bank Account # _____

Initial signup: (or change in bank or account#)

A voided check must be included with this form. (We cannot process your request without a voided check. No Deposit Slips will be accepted)
The check must include the 9 digit routing code and your account number.

Start date: ____ / ____ / ____ (Please allow 10 days to 2 weeks for start-up.)

Amount of deduction \$ ____.

I wish my deductions to be made on: (check only one)

___ 1st of each month

___ 15th of each month

___ Each Monday

For change in amount or to terminate Direct Debit:
(voided check not required for this type of change)

Change amount of deduction from \$ _____ to \$ _____ effective _____

This authorization is to remain in full force and effect until St. John of Rochester Church and BANK have received WRITTEN NOTICE from me of its termination in such time and in such manner as to afford St. John of Rochester Church and BANK a reasonable opportunity to act on it.

Donor Signature _____ Date _____