

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"/>	<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"/>

<p>Weekly / Monthly (Circle One)</p> <p>DIRECT DEBIT \$ _____</p>
--

<p>ATTACH VOIDED CHECK HERE (No Deposit Tickets)</p>
--