

# St. Monica Catholic Church

6131 North Michigan Rd., Indianapolis, IN 46228

## AUTO-WITHDRAWAL for DONATIONS

### Authorization Agreements for Automatic Debits (ACH Debits)

I hereby authorize St. Monica Church to make debits from the bank account identified below and authorize the bank to accept these debits. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments may be made electronically under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until 30 days written notice of termination is given to St. Monica Church. I acknowledge receipt of a filled in copy of this Authorization. All funds withdrawn will be applied to your contribution record at St. Monica Parish.

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Name(s) on the account (Please Print)

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Address/ City/ State/ Zip

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e-mail address

Telephone #

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Parishioner Envelope Number

CHECKING or SAVINGS

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Name of Financial Institution (Please Print)

(circle one)

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Routing & Transit Number (9 digits long)

Account Number to Debit

#### **I wish to contribute the following amount:**

\$ \_\_\_\_\_ Weekly (to include any 5th Sundays) or

\$ \_\_\_\_\_ Semi-monthly (2nd & 4th Sundays) or

\$ \_\_\_\_\_ Monthly (1st Sunday)

\*\* Withdrawals will occur the next business day after the Sunday(s) specified

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Signature

Date

**\*\*\*Please Attach a Voided Check to This Authorization!!!\*\*\***

In the event of non-sufficient funds, we will cancel any future withdrawals and contact you via e-mail to let you know an NSF was received. It will be your responsibility to contact us to restart automatic withdrawals.

**Please return this form with voided check to: St. Monica Church**

Attn: Parish Business Office; Julia Osburn, 6131 North Michigan Rd., Indianapolis, IN 46228

Questions? Call or E-mail Julia Osburn at 253-2193 ext 2, or [josburn@stmonicaindy.org](mailto:josburn@stmonicaindy.org)