

**Authorization Agreement for Direct Debit
Stewardship Commitment**

I hereby authorize Santa Catalina Catholic Parish and the financial institution named below to initiate/change entries to my checking/savings account. This authority will remain in effect until I notify Santa Catalina Catholic Parish in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

Account Holder Information (Complete all information below):

Account Holder Name _____
Address _____
City, State, Zip _____
Phone _____
Santa Catalina Parishioner Number (if known) _____

Name of Financial Institution _____
Branch _____
City, State, Zip _____
Financial Institution Routing Number _____
(9-digits between these symbols |: |: on the bottom left of your check)
Account Number _____
(string of numbers that appears *before* this symbol || · and after routing #)
Checking _____ or Savings _____ (Please check one)

(Please attach a voided check to confirm your bank account numbers.)

Contribution Information:

Please select one or both of the following dates and note your initial/changed stewardship commitment amount:

Amount to be debited on the 5th of each month: \$ _____

Amount to be debited on the 20th of each month: \$ _____

To begin the month of: _____

SIGNATURE _____

DATE _____

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RETAIN THIS PORTION FOR YOUR RECORDS

On _____, I authorized Santa Catalina Catholic Parish, 14380 N. Oracle Road, Tucson, AZ 85739, (520) 825-9611 to initiate/change electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with Santa Catalina Catholic Parish at any time by writing to the address above, attention of the Parish Business Administrator.

Monthly Payment Amount: \$ _____

Date: _____