AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

St. Benedict Parish — **Eggertsville, NY 14226**

1317 Eggert Road — **(716) 834-1041**

Parishioner Name	Phone number	
email address		
Address		
City	State	Zip

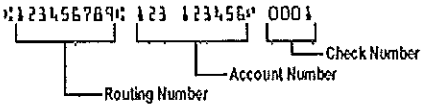
Please debit my contribution from my (check one):

- ☐ Checking Account (attach a voided check)
- ☐ Savings Account (contact your financial institution for Routing #)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



e-Basket Contribution

Date of first contribution:

_____/_____/_____

Frequency of contribution: (please check only one)

- ☐ Weekly – Mondays
- ☐ Semi-Monthly – 1st and 15th
- ☐ Monthly on the 1st
- ☐ Monthly on the 15th

Contribution amount:

$ _____

AGREEMENT

I authorize the Church of St. Benedict and Evans Bank to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

PLEASE ATTACH A VOIDED CHECK TO THIS PAGE.