

**Authorization Agreement for Electronic Funds Transfer
2019 - 2020 Annual Offertory Donations**

Company Name: St. Michael the Archangel Parish

Company ID #34-4434729

I (we) hereby authorize St. Michael the Archangel Parish, hereinafter called COMPANY, to initiate debit entries to my (our) CHECKING SAVINGS account (select one) indicated below and the depository name below, hereinafter called DEPOSITORY, to debit same to such account.

Depository Name: _____

City: _____ State: _____ Zip: _____

Account No: _____ Routing No: _____

This authority is to remain in full force and effect from the month indicated until June 30, 2020 unless COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I authorize St. Michael the Archangel Parish to begin this Electronic Funds Transfer effective July 20, 2019.

Monthly Commitments:

Sunday Collection Monthly Donation: \$_____ To be deducted 20th of each month

Building & Maintenance Monthly Donation: \$_____ To be deducted 20th of each month

St. Michael Cemetery Donation: \$_____ To be deducted 20th of each month

Special Annual Commitments:

Rosary Altar Donation: \$_____ To be deducted on September 20, 2019

Holy Name Donation: \$_____ To be deducted on September 20, 2019

St. Michael Cemetery Donation: \$_____ To be deducted on October 20, 2019

Christmas 2019 Donation: \$_____ To be deducted on December 20, 2019

Easter 2020 Donation: \$_____ To be deducted on April 20, 2020

Name(s): _____ Phone No: _____

Signature: _____ Date: _____

Directions:

If you desire to establish, continue or change the Electronic Funds Transfer for your Annual Offertory Donations, please complete this form, along with either a "voided check" or an "encoded deposit slip", and return them to:

St. Michael the Archangel Parish
Attn: Dow Campbell
750 Bright Rd.
Findlay, OH 45840