

Authorization Agreement for Direct Debit Stewardship Commitment

I hereby authorize Our Mother of Sorrows 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 OMOS 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 _____

OMOS 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 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** _____

I would like to still receive weekly offertory envelopes to designate my EFT contribution.

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RETAIN THIS PORTION FOR YOUR RECORDS

On _____, I authorized Our Mother of Sorrows Parish, 1800 South Kolb Road, Tucson, AZ 85710, 520-747-1321 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 Our Mother of Sorrows Parish at any time by writing to the address above, attention of the Parish Business Manager.

Monthly Payment Amount: \$ _____ Date: _____