

**Authorization Agreement for Direct Debit  
Stewardship Commitment**

rev 11/11 amk

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/Envelope Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_  
Address of 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.)**  
**\*Please do not use or provide a deposit slip for this information\***

**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 **20<sup>th</sup>** 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: \_\_\_\_\_