

2022 Sunday Stewardship

Direct Contribution ACH Agreement

AUTHORIZATION FOR DIRECT PAYMENT OF SUNDAY STEWARDSHIP

I authorize Saint Ambrose Catholic Community and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you 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 (3) days before my account is charged.

(Signature)

(Date)

SELECT PAYMENT OPTION:

There are 3 payment schedule options available to you for automatic withdrawal. Please indicate your choice of payment plan and the date you would like to begin contributions. If no changes are being made, please check the top box indicating no changes.

	CONTINUE AS IS—NO CHANGES AT THIS TIME—ATTACHED A VOIDED CHECK <u>ONLY</u> IF BANK INFO CHANGED
Option A: Once a month contribution of \$ _____ to taken out on the 2nd of the month starting _____ →	<input type="text"/> <input type="text"/> Month Year
Option B: Once a month contribution of \$ _____ to taken out on the 18th of the month starting _____ →	<input type="text"/> <input type="text"/> Month Year
Option C: Bi-monthly contribution of \$ _____ to taken out on the 2nd & 18th of the month starting _____ →	<input type="text"/> <input type="text"/> Month Year

Please fill in the following information **ONLY** if you are new to auto withdrawal or this is a new account #:

(Account Number)

Checking or Savings

(Account Type)

(Financial Routing Number)

(Name of Financial Institution)

(Branch)

(City/State/Zip)

***PLEASE ATTACH A VOIDED CHECK ONLY IF YOU ARE NEW TO AUTO WITHDRAWAL OR THIS IS A DIFFERENT ACCOUNT FROM LAST YEAR.**

Joe & Mary Jones 1111 Oak Street Cityville, MN 01010	Date _____ 9999
_____ Dollars <input type="text"/>	
My Bank	
I:1212150001: 555 5555 555 ". 9999	

