Saint Ambrose CATHOLIC COMMUNITY

Together in Mission

# Direct Contribution Authorization

(ACH BANK WITHDRAWAL AGREEMENT)

I authorize Saint Ambrose Catholic Community and the financial institution named below to initiate withdrawals from my checking or savings account as indicated. This authorization will remain in effect until I provide written notice of cancellation, allowing sufficient time for the financial institution to process the request.

I understand that I may stop payment on any individual withdrawal by notifying my financial institution at least three (3) business days before the scheduled transaction.

## Parishioner Information

Parishioner Name (Printed)_____

_____ _____

Signature Date

*(By typing my name above, I acknowledge that it serves as my electronic signature and confirms my authorization for the withdrawals described in this form.)*

## Select Payment Options

Three payment schedule options are available for automatic withdrawal. Please indicate your preferred payment plan and the date you would like contributions to begin. If no changes are being made, please check the first box to indicate no changes.

☐ **Continue as is – no changes currently.**
Attach a voided check only if bank information has changed.

☐ **Option A:** Once a month contribution of $ _____ to be taken out on the 2nd of the month starting _____ _____
(month) (year)

☐ **Option B:** Once a month contribution of $ _____ to be taken out on the 18th of the month starting _____ _____
(month) (year)

☐ **Option C:** Bi-monthly contribution of $ _____ to be taken out on the 2nd and 18th of the month starting _____ _____
(month) (year)

### Voided Check Requirements

Please attach a voided check *only if you are new to automatic withdrawal* or if you are using a *different account* from last year.

If you are unable to provide a voided check, please contact Jake Girtz, Director of Stewardship & Advancement, at jgirtz@saintambrosecatholic.org or by calling 651-768-3016.