

Authorization Agreement for Automatic Withdrawal of Funds

ES7863

Assumption of the Blessed Virgin Mary Parish Belmont, MI Please debit my contribution from: Routing #: (check only one) Valid Routing # must start with 0, 1, 2, or 3 ☐ Checking Account (attach a voided check at bottom) Account #: ☐ Savings Account (contact your financial institution for Routing # PAY TO THE ORDER OF (1231379490 (100123456789 (1123 Routing Number Account Check Number Telephone #: Envelope # (leave blank if not applicable): Last Name: First Name: Address: City: State: Zip Code: Contributions may be made to multiple funds Amount: \$ Frequency: Start Date: End Date: Offertory (check only one) (Optional) ☐ One Time ■ Weekly ■ Biweekly ■ Monthly ■ Semi-Monthly Quarterly Annual Amount: \$ End Date: Compassion Frequency: Start Date: (check only one) (Optional) **Fund** ☐ One Time ■ Weekly ☐ Biweekly ■ Monthly ■ Semi-Monthly Quarterly Annual **Capital** Amount: \$ Frequency: Start Date: End Date: (check only one) (Optional) **Improvement** ☐ One Time ■ Weekly ■ Biweekly ■ Monthly ☐ Semi-Monthly Quarterly

■ Annual

AEEF School Annual Fund	Amount: \$	Frequency: (check only one) One Time	Start Date:	End Date: (Optional)
		☐ Weekly ☐ Biweekly		
		☐ Monthly		
		☐ Semi-Monthly ☐ Quarterly		
		☐ Annual		
	Amount: \$	Fraguenau	Start Data	End Date:
AEEF	Amount: \$	Frequency: (check only one)	Start Date:	(Optional)
Investment		One Time		,
Fund		☐ Weekly ☐ Biweekly		
		☐ Monthly		
		☐ Semi-Monthly		
		☐ Quarterly☐ Annual		
		Annuai		
Parish	Amount: \$	Frequency:	Start Date:	End Date:
Operational		(check only one) One Time		(Optional)
Fund		☐ Weekly		
Tuliu		☐ Biweekly		
		☐ Monthly		
		☐ Semi-Monthly ☐ Quarterly		
		☐ Annual		
		T =	T c	5 15 1
Sr. Rosemary	Amount: \$	Frequency: (check only one)	Start Date:	End Date: (Optional)
Smith RSM		☐ One Time		(Operanal)
Tuition Fund		☐ Weekly		
		☐ Biweekly ☐ Monthly		
		☐ Semi-Monthly		
		Quarterly		
		☐ Annual		
Stephen May	Amount: \$	Frequency:	Start Date:	End Date:
Memorial		(check only one) One Time		(Optional)
Scholarship		☐ Weekly		
Fund		☐ Biweekly		
Tuliu		☐ Monthly☐ Semi-Monthly		
		Quarterly		
		☐ Annual		
Marin - 0 84	Amount: \$	Frequency:	Start Date:	End Date:
Wayne & Margo	Amount. 5	(check only one)	Start Date.	(Optional)
Gagnon		One Time		
Elementary		☐ Weekly ☐ Biweekly		
Tuition Fund		☐ Monthly		
		☐ Semi-Monthly		
		☐ Quarterly☐ Annual		
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Richard & Mary Ann Hurst Fund	Amount: \$	Frequency: (check only one) One Time Weekly Biweekly Monthly Semi-Monthly Quarterly Annual	Start Date:	End Date: (Optional)			
Religious Education Tuition	Amount: \$	Frequency: (check only one) One Time Weekly Biweekly Monthly Semi-Monthly Quarterly Annual	Start Date:	End Date: (Optional)			
School Tuition Fund	Amount: \$	Frequency: (check only one) One Time Weekly Biweekly Monthly Semi-Monthly Quarterly Annual	Start Date:	End Date: (Optional)			
AGREEMENT I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: Date:							
Please staple voided check here.							