

ST. ANTHONY CHURCH
DIRECT DEBIT AUTHORIZATION FORM

Name _____ E-mail _____
Address _____
City _____ State ____ Zip Code _____
Phone Number _____

Yes! I/We would like to begin making our contributions electronically!

I/We would like to make our regular contributions:

Weekly **Monthly (*on the first of the month*)**

Please electronically debit my account for the following amount: \$_____ on the above-checked basis.

I have enclosed a voided check with this form, which includes my account number and my bank's routing number.

By signing below, I, specifically, authorize the direct deductions listed above. I further acknowledge and authorize that my accounts may be credited to deposit any funds that may have been deducted in error by the church.

Signature

Date

PLEASE MAIL THIS ENTIRE FORM, ALONG WITH A VOIDED CHECK, TO:

**St. Anthony Church
ATTN: Direct Debit Program
6104 Desmond St.
Cincinnati, OH 45227**