

**Our Lady of Victory Church  
Automatic Withdrawal Authorization Form**

<b>Church Name: OUR LADY OF VICTORY PARISH</b>	
<b>NAME ON ACCOUNT</b>	<b>ACCOUNT HOLDERS PHONE NUMBER</b>
<b>ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>I AUTHORIZE THE FOLLOWING:</b> <input type="checkbox"/> NEW PAYMENT FROM ACCOUNT SPECIFIED BELOW <input type="checkbox"/> CHANGE INDICATED BELOW <input type="checkbox"/> DISCONTINUE ELECTRONIC FUNDS TRANSFER FROM ACCOUNT SPECIFIED BELOW	
<b>ACCOUNT INFORMATION</b>	
<b>BANK NAME:</b>	
<b>ACCOUNT TYPE:</b> <input type="checkbox"/> <b>CHECKING</b> <i>(PLEASE ATTACH VOIDED CHECK OR STATEMENT FROM YOUR FINANCIAL INSTITUTION)</i> <input type="checkbox"/> <b>SAVINGS</b> <i>(PLEASE ATTACH DEPOSIT SLIP OR LETTER FROM YOUR FINANCIAL INSTITUTION)</i>	
<b>ROUTING NUMBER:</b>	
<b>ACCOUNT NUMBER:</b>	
<b>AUTHORIZATION EFFECTIVE DATE:</b> /         /	

<b>CONTRIBUTION SCHEDULE</b>				
Fund Type	Payment Schedule	Amount	Payment Effective Date	Collection Date <i>(choose date for monthly Automatic withdrawal)</i>
Sunday Offering	<input type="checkbox"/> Monthly	\$	/ /	<input type="checkbox"/> <i>10<sup>th</sup> of the month</i> or <input type="checkbox"/> <i>25<sup>th</sup> of the month</i>

I authorize the above named church to debit from the account specified on this form. This Authorization will remain in effect until I give reasonable change or cancellation notice to terminate Authorization. I understand there will be a non-sufficient funds (NSF) fee charged to my account by my financial institution for NSF debits

Authorized Account Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CHECKING OR SAVINGS ACCOUNT DEBITS  
PLEASE ATTACH YOUR VOIDED CHECK  
PLEASE RETURN TO THE PARISH OFFICE OR PLACE IN THE COLLECTION OFFERING.**