

2222 East Third Street Bloomington, Indiana 47401-5385 (812) 336-6846 Fax (812) 331-6732

## **Automatic Debit Authorization Form for Sunday Collections**

Print Name:				
Address:				
Email address:				
Home phone: Cell phone:				
	□ 1 <sup>st</sup> of the m	onth	unt:	
	□ 15 <sup>th</sup> of the r	month		
Name of Financial Institu	tion:			
Type of bank account:	□ Checking		Savings	
Routing Number:	Account Number:			
Sample check numbering:	:074908: Routing #	048955554 Account #		0999 Check #
I hereby authorize St. Charles terms. This authority is to rem notification from me of its term	ain in full force and effect	ctronically trar ts until St. Cha	nsfer funds f Irles Borrom	rom my account according to the above eo Church has received written
Signature:		<b>*</b> 7 / **	D	ate:

Please return completed form to the parish or school office or place this form in the Sunday collection. Thank you for your support to St. Charles Borromeo Church.