

SAINT AMBROSE CATHOLIC CHURCH

929 PEARL ROAD ♦ BRUNSWICK, OH 44124 ♦ 330-225-3116 ♦ WWW.STAMBROSE.US

AUTHORIZATION AGREEMENT FOR AUTOMATED GIVING

I (we), _____ hereby authorize St. Ambrose Church, Brunswick, Ohio, to initiate debit entries, if necessary, credit entries and adjustments to my (our) Checking () Savings () account indicated below and the depository named below to debit and, if necessary, credit the same such amount.

AMOUNT: \$ _____

TERMS: (choose one of the following)

Weekly: Every Friday _____

Monthly: On the 1st of each month _____

Monthly: On the 15th of each month _____

DEPOSITORY: (please print)

Name: _____

Address: _____

City, State, Zip: _____

Banking/Transit/ABA#: _____

Bank Account Number: _____

Please attach to this form a voided check if checking account debit or a pre-printed savings deposit ticket if savings account debit.

Name(s) _____
Print name Signature

Print name Signature

Address: _____
Street City, state, zip

Home phone: _____ Cell phone: _____

Date signed: _____ For office use only:
Date of 1st debit: _____
Envelope # _____

This agreement may be cancelled at any time by giving St. Ambrose church written notification at least five business days in advance of the desired termination date.



Jesus Christ is Everything for Us...