

“CASHLESS GIVING”

Having prayerfully considered my (our) income, and humbly aware of my (our) parish responsibility, I (we) will sincerely endeavor to give \$_____ WEEKLY, EVERY OTHER WEEK, MONTHLY. (Circle One)

I (we) hereby authorize St. John Vianney to make withdrawals from the account identified below at _____ (Depository Financial Institution, hereafter referred to as DFI and authorized the DFI to charge such withdrawals to my listed account.

Since these are regular payments, the Church must have a written request to change the withdrawal amount. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Church. I acknowledge receipt of a filled in copy of this authorization.

Name of DFI	DFI's Routing & Transit No.	Account No. to Debit	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Parish Envelope No.
Name of Authorizing Party (Please Print)	Address	City	State	Zip Code
Signature of Authorizing Party		Date	Individual Social Security No. XXXXXXXXXXXXXXXXXXXX	

Please Attach Voided Check or Deposit Ticket To This Authorization

White - Bank Copy

Yellow - Parishioner Copy

Hard Copy - Parish Copy