

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

St. Benedict Parish
1317 Eggert Road

Eggertsville, NY 14226
(716) 834-1041

Parishioner Name

Phone number

email address

Address

City

State

Zip

Please debit my contribution from my (check one):

- ☐ Checking Account (attach a voided check)
- ☐ Savings Account (contact your financial institution for Routing #)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

⑆123456789⑆ 123 123456 0001
 Routing Number Account Number Check Number

e-Basket Contribution

Date of first contribution:

____/____/____

Frequency of contribution: (please check only one)

- ☐ Weekly – Mondays
- ☐ Semi-Monthly – 1st and 15th
- ☐ Monthly on the 1st
- ☐ Monthly on the 15th

Contribution amount:

\$ _____

AGREEMENT

I authorize the Church of St. Benedict and Evans Bank to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THIS PAGE.