

ST. CECILIA PARISH
AUTHORIZATION FORM FOR CHECKING OR SAVINGS PAYMENTS
SUNDAY COLLECTION

Name: _____ # _____
Office Use Only

Address: _____

City: _____ State: _____ Zip: _____

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing No: _____

Account No: _____

Please attach a voided check or savings account deposit ticket to verify the account and bank routing numbers.

Check One: **Checking:** or **Savings:**

Amount of Deduction: \$ _____

Check One: **Weekly:** **Monthly:** or **Quarterly:**

Monthly deductions are charged the first Monday of the month. Quarterly deductions the first Monday of the calendar quarter

Start Date: _____

I authorized St. Cecilia Parish to initiate electronic debit entries withdrawing funds from my account as noted above and the financial institution named to debit such entries. This authority is to remain in full force and effect until St. Cecilia has received written notice from me of its termination in such time and in such manner as to afford St. Cecilia and Financial Institution a reasonable opportunity to act upon it.

Signature: _____ Date: _____

There is no processing fee for contributions

**Please return in a sealed envelope. Drop in the collection basket or mail to the Rectory:
Business Manager, St. Cecilia Parish, 3105 Madison Rd., Cincinnati, OH 45209**