

St. Philip Catholic Church
3500 St. Philip Rd. S
Mt. Vernon, In 47620
Phone: 985-2275, Fax: 985-2590

Authorization Agreement for Direct Debit for Tithe and Tuition

All 2020-2021 direct debit users must complete this form.

Member Name (s) _____

I (We) hereby authorize St. Philip Catholic Church, to initiate debit entries to my (our) account indicated below and the financial institution named below, to debit the same to such account for my (our) stewardship and/or tuition payment. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. laws.

Account Information

(Banking Institution Name) (Branch/Street Address)

(Name or Names as listed on the Account)

(Your Personal Address) (City/State) (Zip)

Routing Number* (Account Number) ** _____ or _____
Checking Savings

* The Routing Number is the first group of numbers (9 digits) found on the bottom of the check

** The Account Number is the next group of numbers on the bottom of the check

Amount of Contribution to Tithe \$ _____

Amount of payment for Tuition \$ _____

Frequency Selection (Mark one Box)

Weekly every Monday, (Tuesday for all bank holidays that fall on Mondays) to begin on (date) _____ (8/01/20 to 5/31/21)

Monthly on the 1st of each Month to begin on (date) _____ (8/01/20 to 5/31/21)

Monthly on the 15th of each Month to begin on (date) _____ (8/15/20 to 5/15/21)

This authorization is to remain in full force and effect until St. Philip Church has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Philip and my Financial Institution a reasonable opportunity to act on it.

Signed _____

Date _____

Signed _____

Date _____

Please attach a voided checking or savings account check. If this is a joint account, all authorized individuals must sign this form. Completed forms can be returned to the parish or school office to the attention of Carol Reising in a sealed envelope.