

**St. Timothy Church**

1088 Thomas Lane

Columbus, Ohio 43220

614-451-2671

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF**

**PARISH STEWARDSHIP COLLECTION (ACH DEBIT)**

**NAME(S):**

(as on bank acct)

**BANK NAME:**

**ACCOUNT TYPE:**  Checking Account Savings Account

(check one) (attach voided check) (attach voided deposit ticket)

**ROUTING NUMBER:**

**ACCOUNT NUMBER:**

I request my bank to transfer funds electronically in the amount of $ each month from the account above.

I prefer a monthly transfer date of: the 1st the 15th (Please check one)

I understand that I am in full control of my donation, and any time I wish to make changes, I will contact the Parish office.

This authorization is to remain in full effect until the Parish office has received written notification from me/us of its termination in such time and in such manner as to afford the Parish a reasonable opportunity to act on this request.

**SIGNATURE 1: DATE:**

**SIGNATURE 2: DATE:**

(if applicable)