

**AUTOMATIC BANK DRAFT  
AUTHORIZATION FORM**

***St. George Catholic Church***  
7808 St. George Drive  
Baton Rouge, LA 70809

ACH 220

**FOR OFFICE USE ONLY**

**ENVELOPE #**

**DATE**

Effective Date: \_\_\_\_\_

Type of Authorization Form:     New Authorization                       Change banking information  
    Change donation amount                       Discontinue electronic donation  
    Change donation date

Last Name

First Name

Address

City

State

Zip

Please debit my contribution from my (check one):

- Checking Account (attach a voided check)  
 Savings Account (attach a savings deposit slip)

Routing Number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

***Date of first contribution:***

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Frequency of contribution:**

- Semimonthly** (transferred on the 1st & 15th)  
 **Monthly**  
    transfer on the 1st  
    transfer on the 15th  
 **Quarterly**  
 **Semi-Annual**  
 **Annual**

**Designated Amount:**

*per contribution*

General Fund \$ \_\_\_\_\_

Building Fund \$ \_\_\_\_\_

**AGREEMENT**

I hereby authorize ***St. George Catholic Church*** to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signature on my account:

Date:

*Please attach a voided check or savings deposit slip.*