

**Parish of the Holy Cross
95 Old Nichols Road
Nesconset, NY 11767
631-265-2200 ext. 10
pothc@aol.com**

Authorization Agreement for Automated Giving

I, _____, hereby authorize the Roman Catholic Church of the Holy Cross, at Nesconset, NY, to initiate debit entries to my Checking () Savings () account indicated below and the depository named below to debit the same amount, beginning_____.

I choose to have my account debited for this amount:

Check one:

Bi-Weekly \$_____ (Multiply weekly by 2) Monthly \$_____ (Multiply weekly by 4.33)

Depository / Bank: Name: _____

Address: _____

City / State / Zip: _____

Banking Transit –ABA #: _____
(9 digits located on the bottom left of your check)

Bank Account #: _____

Please attach to this form a Voided Check if you've chosen a Checking Account or a pre-printed savings deposit ticket if you have chosen a Savings Account.

This authorization is to remain in full force effect until the Roman Catholic Church of the Holy Cross has received written notification at least five business days in advance of the desired termination date.

(Signature) (Print Name) Date: _____

If second signature is required:

(Signature) (Print Name) Date: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work: _____ Cell: _____

NOTES:

1. This form will be seen by the Business Manager only. You may mail it to the Parish Office or drop it off in a sealed envelope, attention Elizabeth Shea.
2. You can change amount of debit authorized or frequency by completing Form 1A.
3. To Cancel authorization, you must fill out Cancellation of Authorization Form 1B
4. For any questions, please call or e-mail Elizabeth Shea at pothc@aol.com

Authorization to Change Amount or Frequency of Automated Giving

I, _____ have an Authorization Agreement for Automated
(Print Name)

Giving on file with the R.C. Church of the Holy Cross. The amount I have designated is:

\$ _____ Bi Weekly () or Monthly ().

As of this date: _____, I will change that amount to: \$ _____

Bi-Weekly () Monthly ()

Form 1A _____
(Signature)

Authorization to Change Amount or Frequency of Automated Giving

I, _____ have an Authorization Agreement for Automated
(Print Name)

Giving on file with the R.C. Church of the Holy Cross. The amount I have designated is:

\$ _____ Bi Weekly () or Monthly ().

As of this date: _____, I will change that amount to: \$ _____

Bi-Weekly () Monthly ()

Form 1A _____
(Signature)

Authorization to Change Amount or Frequency of Automated Giving

I, _____ have an Authorization Agreement for Automated
(Print Name)

Giving on file with the R.C. Church of the Holy Cross. The amount I have designated is:

\$ _____ Bi Weekly () or Monthly ().

As of this date: _____, I will change that amount to: \$ _____

Bi-Weekly () Monthly ()

Form 1A _____
(Signature)

Cancellation of Authorization

I, _____, direct the R.C. Church of the Holy Cross, to
discontinue automatic debit entries to my bank account.

_____ Date: _____
(Signature) (Print Name)

Form 1B _____
(Signature of 2nd Signatory) (Print Name)

Cancellation of Authorization

I, _____, direct the R.C. Church of the Holy Cross, to
discontinue automatic debit entries to my bank account.

_____ Date: _____
(Signature) (Print Name)

Form 1B _____
(Signature of 2nd Signatory) (Print Name)

Cancellation of Authorization

I, _____, direct the R.C. Church of the Holy Cross, to
discontinue automatic debit entries to my bank account.

_____ Date: _____
(Signature) (Print Name)

Form 1B _____
(Signature of 2nd Signatory) (Print Name)