

DEBIT AUTHORIZATION

I (we) hereby authorize Our Lady of Mt Carmel Catholic Church, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for charitable contributions to the Parish. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

_____ Type of Acct: ___ Checking ___ Savings
(Routing Number) (Account Number)

_____ ___ Weekly ___ Bi-Weekly ___ Semi-Monthly ___ Monthly
(Amount) (Please check one)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY FINANCIAL INSTITUTION. a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Print Individual ID Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Please return this form to the Parish Office via the collection basket or mail to:

Our Lady of Mt Carmel
14598 Oak Ridge Rd
Carmel, IN

Attn: Glen Ritchey