

St. Raymond Church

11555 Shannon Avenue · Dublin, California · 94568

Name: _____

Address: _____

Phone: _____

I authorize St. Raymond Church to initiate a charge (ACH debit) to my account at the depository financial institution. I/We acknowledge that the origination of the ACH debt transactions from my/our account must comply with all the provisions of law. This authorization is to remain in full force and effect until St. Raymond has received written notification from me/us of its termination in such time and in such manner as to allow St. Raymond and its bank a reasonable opportunity to act on it. An original signed copy of the authorization will be provided to the bank through which St. Raymond Church will process the ACH debit to my/our account.

Bank Information

Bank Name: _____

Bank ABA Routing #: _____

Name(s) on account: _____

Account Number: _____

PLEASE SUBMIT A VOIDED CHECK TO THIS FORM

Sunday Plate Donation

I authorize \$_____ to be charged to my checking account by ACH debit:

Weekly (each Tuesday)

Monthly (1st Tuesday of each month)

Capital Campaign

I authorize \$_____ to be charged to my checking account on the 1st Tuesday of each month by ACH debit.

Print Name: _____

Date: _____

Signature: _____