



# Electronic Giving Authorization

Please return the completed form to the parish office or put into the collection at any Cathedral Parish weekend Mass.

Date \_\_\_\_\_

I authorize you and the financial institution listed below to initiate electronic debit entries and, if necessary, credit entries and adjustments for any debit entries in error to my:

Checking Account       Savings Account

You may debit my account in the amount of \$ \_\_\_\_\_.

monthly on the 1<sup>st</sup>       monthly on the 15<sup>th</sup>       monthly on the 1<sup>st</sup> & 15<sup>th</sup>

This authorization will remain in effect until I have cancelled it in writing.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Routing Number (Example Below)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Account Number (Example Below)

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Signature (Account Owner)

\_\_\_\_\_  
Signature (Account Co-Owner)

Please **staple voided check** here:

2400  
91-548/1221  
PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
DOLLARS  
FOR \_\_\_\_\_  
⑆ 222105278⑆ 6724301068⑆ 2400⑆  
Routing Number      Account Number      Check Number