



Please submit this form to update your monthly gift to match your pledge. Thank you!

New _____
Update _____
Delete _____

AGREEMENT FOR DIRECT DEPOSITS/PAYMENTS

I (we) hereby authorize HOLY SPIRIT CATHOLIC COMMUNITY, hereinafter called COMPANY, to initiate credit/debit entries to my (our) checking or savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit/debit the same to such account **on the 15th of each month.**

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

TYPE OF ACCOUNT TO BE DEBITED **PER MONTH**: _____ Savings Acct. _____ Checking Acct. **(Check one)**

TOTAL AMOUNT TO BE DEBITED FOR Sunday Collection _____ **PER MONTH**

This authorization is to remain in full force and effect until HOLY SPIRIT CATHOLIC COMMUNITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford HOLY SPIRIT CATHOLIC COMMUNITY and DEPOSITORY a reasonable opportunity to act on it. (Any change or termination of Electronic Funds Transfer must be received in writing at the Parish Office on or **before the 1st of the month.**)

NAME(S) (Print) _____

SIGNATURE(S) _____

DATE _____ Phone _____

PLEASE ATTACH VOIDED CHECK TO BEGIN NEW DIRECT PAYMENT!
(Voided check must be attached to initiate Electronic Funds Transfer.)

Please check one of the following:

_____ Begin new Direct Payment in _____. Voided check attached.
(Month/ Year)

_____ Update existing Direct Payment Agreement with New Bank Information and/or Amount to be debited.
(Attach voided check **ONLY** if changing bank or account number.)

_____ Stop sending weekly envelopes

PLEASE RETURN THIS FORM TO THE PARISH OFFICE BY THE 1ST OF THE MONTH
FOR ANY CHANGE TO BE EFFECTIVE THE 15TH OF THAT MONTH.