



Holy Cross Catholic Church

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WEEKLY CONTRIBUTIONS

Pre-Authorized Debit Authorization

We are pleased to be able to offer you a new way to pay your church offering with the Direct Debit offering program. Now you can pay your contribution to the church automatically each month or twice each month. And you don't have to change your banking relationship to take advantage of this service.

Direct Debit offering will help you in many ways, including the following:

- No check writing with associated charges.
- Reduced postage expense.
- Control over funds is guaranteed (via Regulation E).
- Easy to sign up, change, or even cancel.

Here is how Direct Debit offering works. The authorization form provided below gives you and your financial institution authority to pay your contribution from your account. To take advantage of Direct Debit offering, simply complete the form as follows:

- Check the appropriate box to indicate whether your payment will be withdrawn from your checking or savings account.
- Fill in Semi-Monthly or Monthly withdrawal.
- Fill in your name, financial institution's name and location, date and phone number.
- **Attach a voided check for verification of all the financial institution's information.**
- Sign the form.

We believe you will enjoy the added convenience of having your contribution paid for you. Direct Debit offering is safe, convenient, and easy. To take advantage of this service, complete the attached form and return it.

Customer Authorization Form

(Please fill out form completely)

I authorize Holy Cross Catholic Church 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 # _____

Amount to be withdrawn per debit: \$ _____

Semi-Monthly (15th and Last Day of Month)

Monthly (15th of the Month)

Please print the following:

Name: _____

Financial Institution Name: _____

Branch: _____

Financial Institution Address: _____

Signature: _____ **Date:** _____

Daytime Telephone Number: _____

Transit Routing (ABA) Number: _____