



# TOGETHER IN FAITH!

## Capital Campaign

### Authorization Agreement of Automatic Withdrawal (EFT-Electronic Funds Transfer)

The Church of the Immaculate Conception

4030 Jackson Street NE,  
Columbia Heights, MN 55421

I (we) authorize The Church of the Immaculate Conception to debit my (our) account described below:

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Address: \_\_\_\_\_

**Attach a voided check (checking account) or savings account deposit slip**

Please debit my account \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly

**Amount to be debited:**

\$ \_\_\_\_\_ on the 12<sup>th</sup> day of the month  
\$ \_\_\_\_\_ on the 28<sup>th</sup> day of the month

**Begin Direct Debit:**

\_\_\_\_\_ 2016  
**Month**

**This authorization will remain in full force and in effect until June 28, 2019 or until my pledge is fulfilled.**

Signature _____	(Additional Signature –Required For Joint Account)
Full Name _____	Signature _____
Address _____	Full Name _____
Date _____	Date _____
Telephone No. _____	Telephone No. _____
I.D./Envelope # _____	

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Please cut at dotted line and retain this portion for your records.

I have authorized The Church of the Immaculate Conception to initiate electronic entries to my checking, savings, or money market account.

Please debit my account \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly

**Amount to be debited:**

\$ \_\_\_\_\_ on the 12<sup>th</sup> day of the month  
\$ \_\_\_\_\_ on the 28<sup>th</sup> day of the month

**Begin Direct Debit:**

\_\_\_\_\_ 2016  
**Month**

\*\*\* NOTE: Cancellation of this service must be made in writing. \*\*\*

To cancel write to:	The Church of the Immaculate Conception Attn: Kathy Fraser 4030 Jackson Street NE Columbia Heights, MN 55421
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