

Parish of St. Peter of Alcantara
1327 Port Washington Blvd.
Port Washington, New York 11050

Authorization Agreement for Direct Debit Giving

I, _____ of _____
(name) (address)

hereby authorize the R.C. Church of St. Peter of Alcantara, 1327 Port Washington Blvd., Port Washington, New York 11050, to initiate debit entries to my Checking () Savings () account indicated below and the depository named below to debit the same such amount.

Amount \$ _____ Monthly on the first of the month.

Depository: Name _____
Address _____
City, State, Zip _____

Banking Transit - ABA# _____
(always nine digits)

Account Number _____

**ATTACH A VOIDED CHECK (if checking account)
OR PRE-PRINTED DEPOSIT TICKET (if savings account)**

(Authorized signature for the above account) (Print Name) Date: _____

If second signature is required

(Authorized signature for the above account) (Print Name) Date: _____



(save this portion)

Cancellation of Automated Giving

I, _____ direct the R.C. Church of St. Peter of Alcantara, 1327 Port Washington Blvd., Port Washington, New York 11050 to discontinue automatic debit entries to my bank account.

signature Date: _____

(Only one signature is necessary to make this cancellation request)