

**Authorization Agreement for Direct Debit
Stewardship Commitment**

I hereby authorize **St. Pius X Catholic Parish** and the financial institution named below to initiate/change entries to my checking/savings account. This authority will remain in effect until I notify **St. Pius X Catholic Parish** in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

Account Holder Information (Complete all information below):

Account Holder Name _____
Address _____
City, State, Zip _____
Phone _____
Parishioner Number (if known) _____

Name of Financial Institution _____
Branch _____
City, State, Zip _____
Financial Institution Routing Number _____

(9-digits between these symbols | : | : on the bottom left of your check)

Account Number _____
(string of numbers that appears before this symbol | | ▪ and after the routing #)

Checking _____ or Savings _____ (please check one)

Do you wish to continue receiving envelopes? Yes _____ No _____

Contribution Information:

Please select one of the following dates and note your initial/changed stewardship commitment amount.

REGULAR OFFERTORY DONATIONS

Amount to be debited on the 5th of each month \$ _____
To begin the month of _____

Amount to be debited on the 20th of each month \$ _____
To begin the month of _____

SIGNATURE _____ Date _____

RETAIN THIS PORTION FOR YOUR RECORDS

On _____, I authorized **St. Pius X Catholic Parish** to initiate/change electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with **St. Pius X Catholic Parish** at any time by writing St. Pius X / 1800 N Camino Pio Decimo / Tucson, AZ 85715-4504 / Attention: Finance Manager.

Monthly Payment: \$ _____ Date: _____