

AUTHORIZATION FOR DIRECT PAYMENT

(Automatic Fund Transfer)

I (we) authorize St. Aloysius Church and Fifth Third Bank to initiate debit (withdrawal) from my (our) account indicated below. This authority is to remain in full force and effect until I/we notify St. Aloysius Church in writing to cancel it in such time and manner as to afford St. Aloysius Church and Fifth Third Bank 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.

(Name)

(Address)

(City/State)

(Zip Code)

(Phone Number)

Frequency of Donation (scheduled withdrawal):

Frequency	Amount for Collection
Monthly (15 th of the Month)	Amt.
Monthly (Last day of Month)	Amt.
Semi-Monthly (15 th & Last day of Month)	Amt.

(Financial Institution Name)

(Routing Number)

(Account Number)

Type of Acct: Checking Savings

(Print Individual Name)

(Signature)

Please attach a voided check to this form!

Please drop completed form in the Offertory basket
Or mail to:
St. Aloysius Catholic Church - Attention: Denise Foos
P. O. Box 485
Bowling Green, OH 43402

