Our Lady of Grace
911 Park Blvd, West Sacramento, CA 95691

ACH Debit Authorization Form

I (we) hereby authorize the **Pastor of Our Lady of Grace Parish** to initiate debit entries to my (our) checking/savings accounts at the financial institution listed below.

For Office Use Only	**Envelope/Donor #**	**Date:**

Effective date of authorization: _____/_____/_____

Type of authorization: ___ New Authorization ___Change Donation Amount
___Change Donation Date ___Change Banking Information
___Discontinue Electronic Donation

Last Name:	First Name:
Address:	Phone:
City:	State: Zip
Email Address:	

DATE OF DONATION:	**FREQUENCY OF DONATION:**	**FUNDS:**	**AMOUNT:**
_____/_____/_____	_____ Weekly (i.e., Mondays)	Sunday Offering	$_____
	_____ Semi-Monthly (1st & 15th)	New Church Fund	$_____
		Maintenance Fund	$_____
	_____ Monthly on the 1st	St. Vincent de Paul	$_____
		Christmas Offering	$_____
	_____ Monthly on the15th	Easter Offering	$_____
		Flowers	$_____

BANKING INFORMATION

Financial Institution: _____

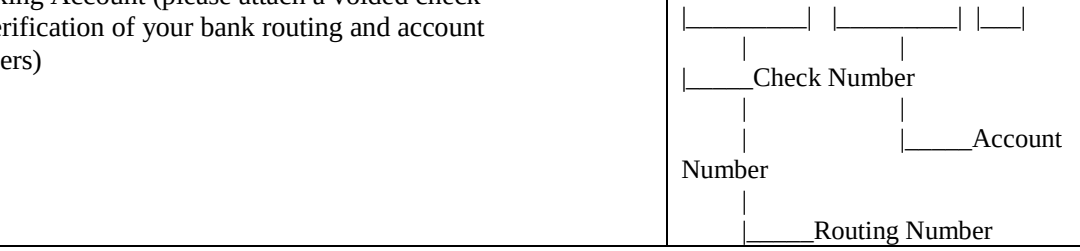
Please debit my donation (check one):

___ Savings Account (please attach a deposit slip for verification of your routing number)

___ Checking Account (please attach a voided check for verification of your bank routing and account numbers)

Routing Number:
_____
(*Valid Routing # must start with 0, 1, 2 or 3)*

Account Number:
_____



Authorized Signature: _____ Date: ____/____/____