4. Authorization Agreement for Direct Debit (St. Luke Only)

I/We hereby authorize St. Luke Catholic Church (hereinafter called the CHURCH) to initiate debit entries to my/our bank account indicated below, at the depository named below (hereinafter called the DEPOSITORY) to debit the same to such account.

YOU MUST ATTACH A VOIDED CHECK TO THIS FORM.

Bank		Branch
Routing No		Account No.
Monthly A	mount to Debit for Regular S	unday Church Contributions \$
Start Date	(Month and Year)	
Direct Debit w	in occur on the 15th of every month.	
Name	(Please Print)	Signature
Name	(Please Print)	
	us) of its termination in such time	n full force and effect until the CHURCH has received written notification from me and in such manner as to afford the CHURCH and the DEPOSITORY a reasonable
bank accour	nt for the NEW AMOUNT Indicated b	e Only) I/we hereby authorize St. Luke Catholic Church to initiate debit entries to my/our elow.
Direct Debit w	vill occur on the 15th of every month.	
Name	(Please Print)	Signature
Name	(Please Print)	