ST. MARY CATHEDRAL OF THE IMMACULATE CONCEPTION
1212 South Street
Lafayette, Indiana 47901
Phone: (765) 742-4440
Fax: (765) 742-8933

Automatic Debit Authorization
Enrollment Form

St. Mary Cathedral will electronically debit funds from your account according to the following terms:

Account Holder's Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone _____ Collection Envelope# _____

Account Holder's email address _____

Amount per withdrawal for Sunday Collections: _____

Frequency: (Circle one) **Weekly Monthly Quarterly Annually**

Date to begin withdrawals:_____(Weekly debits will be on Monday. Monthly debits will be the first Monday of the month. Quarterly debits will be the first Monday of January, April, July, and October. Annual debits on date specified.)

Name of Bank: _____

Bank Branch Location: _____
City State Zip Code

Type of Bank Account: (Circle one) **Checking Savings**

Bank Routing Number: _____

Bank Account Number: _____

Please attach a void check for verification of bank checking account.

Sample Check Numbering :074908594: 0489555556 0999
Routing # Account# Check#

Said $_____ is to be applied to _____ contribution record at St. Mary Cathedral
(Family Envelope #)
based on the frequency rate specified above.

I hereby authorize St. Mary Cathedral to electronically transfer funds from my account according to the above terms.

_____ _____

(Signature of Account Holder) (Date)

An electronic transfer deemed non-sufficient will be re-presented to your financial institution for its face value. The account holder will be responsible for non-sufficient charges regulated by your bank.

Please return completed form to Mary Ann Doss at the parish office or place the form in the Sunday collection.