



I (we) hereby authorize Holy Cross Church, hereinafter called COMPANY, to initiate debit entries for (Tithing) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

Type of Account: ___Checking ___Savings

(Routing Number) (Account Number)

Frequency: ___Weekly ___Monthly (on the 5th)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Print Individual ID Number) (Date)

PLEASE ATTACH Copy OF VOIDED CHECK TO THIS FORM!