CHURCH OF ST. DOMINIC

AUTHORIZATION AGREEMENT FOR AUTOMATIC GIFT TRANSFER (DIRECT DEPOSIT)

I hereby authorize the CHURCH OF ST. DOMINIC (hereinafter called St. Dominic)

to initiate a MONTHLY debit of $ _____ from the following account:

Your Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Type (check one): ☐ Checking ☐ Savings

I would like the withdrawal to take place on: ☐ the 15th of the month

☐ the last day of the month

Please attach a VOIDED check for proper verification of account information.

This authorization is effective immediately upon St. Dominic's receipt of this document. This agreement is to remain in full force and effect until St. Dominic has received written notification from me of its termination in such a time and such a manner as to afford St. Dominic and my bank a reasonable opportunity to act on it.

Your Name (please print): _____ Phone: _____

Signature: _____ Date: _____

If joint account, please provide second signature:

Signature: _____ Date: _____

NOTE: All written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Thank you for this gift!

For your information, this gift transaction with St. Dominic
will appear on your monthly bank records as "ACH Debit – St. Dominic."
For questions, please call Karen McDevitt Qua at St. Dominic at 216-991-1444

Please return this form to:
Church of St. Dominic, 3450 Norwood Road, Shaker Heights, OH 44122