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: Please Select One

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	$_____
		New Church Fund	$_____
	_____ Semi-Monthly (1st & 15th)	Maintenance Fund	$_____
		St. Vincent de Paul	$_____
	_____ Monthly on the 1st	Christmas Offering	$_____
		Easter Offering	$_____
	_____ Monthly on the15th	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:
_____

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:123456789:  121  123456   001
|_________|  |_________| |___|
     |            |
|_____Check Number
     |            |
     |            |_____Account
Number
     |
     |_____Routing Number
```

Authorized Signature: _____ Date: