

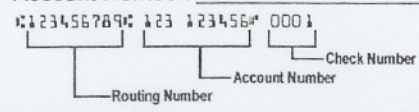
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

St. Ann Catholic Church

1525 Oak Hill Avenue
Hagerstown, MD 21742

ES7869

Envelope # _____ (leave blank if not applicable)		
Last Name		First Name
Address		
City	State	Zip

Please debit my contribution from my (check one): <input type="checkbox"/> Checking Account (attach a voided blank check or blank deposit slip) <input type="checkbox"/> Savings Account (attach blank voided deposit slip)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
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Contribution can begin on: ____ / ____ / ____ Month Day Year	Offertory Fund \$ _____ Frequency of contribution: (check one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Living Stones \$ _____ Frequency of contribution: (check one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th
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<u>AGREEMENT</u>	
I authorize St. Ann Catholic Church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____	Date: _____

Attach a Voided Blank Check or Blank Savings Deposit Slip Here

*** PLEASE RETURN BY MAIL OR RETURN TO ANNE GULLACE IN THE CHURCH OFFICE.**

*** ANY QUESTIONS/CONCERNS PLEASE CONTACT ANNE GULLACE @ 301-733-0410 EXT. 16**