

ST. JAMES, WHITE OAK
AUTHORIZATION FORM FOR CHECKING OR SAVINGS PAYMENTS
SUNDAY COLLECTION

Name _____ # _____

Office Use Only

Address _____

City _____ State _____ Zip _____

Financial Institution _____

Address _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Check One: **Checking:** or **Savings:**

Amount of Contribution \$ _____

Check One: **Monthly:** or **Weekly:**

Monthly donations are charged the first Monday of the month.

Start Date: _____

I authorized St. James Parish to initiate electronic debit entries withdrawing funds from my account as noted above and the financial institution named to debit such entries.

Signature _____

There is no processing fee for contributions.

Please attach a voided check or savings account deposit ticket to verify the account and bank routing number.

**Please return in a sealed envelope. Drop in the collection basket or mail to the Finance Office:
Finance Office, St. James, White Oak, 3565 Hubble Road, Cincinnati, OH 45247**