



# AUTHORIZATION AGREEMENT

## FOR PREAUTHORIZED CONTRIBUTIONS THROUGH ELECTRONIC DEBIT TRANSFERS

**AUTHORIZATION:**

I HEREBY AUTHORIZE AND REQUEST THAT THE ARCHDIOCESE OF SANTA FE INITIATE WITHDRAWAL ENTRIES TO MY ACCOUNT ACCORDING TO THE INSTRUCTIONS INDICATED BELOW AND FOR THE PURPOSE OF CONTRIBUTION TO THE ANNUAL CATHOLIC APPEAL FOUNDATION.

THIS AUTHORITY IS TO REMAIN IN FULL FORCE ONLY FOR THE CURRENT CAMPAIGN YEAR OF **2009** OR UNTIL WRITTEN TERMINATION IS RECEIVED BY THE ARCHDIOCESE OF SANTA FE AND THE FINANCIAL INSTITUTION IN SUCH A MANNER AS TO AFFORD A REASONABLE TIME TO ACT ON IT.

DONOR'S NAME	DONOR'S PARISH	DONOR'S ACA ACCOUNT NO.

TOTAL ANNUAL PLEDGE	AMOUNT OF MONTHLY CONTRIBUTION	BEGINNING MONTH	DATE OF MONTHLY DEBIT
\$	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>

DONOR'S FINANCIAL INSTITUTION	FINANCIAL 9-DIGIT TRANSIT ROUTING NO.	DONOR'S ACCOUNT NO.
		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

DONOR'S SIGNATURE	DAYTIME PHONE NO.	DATE

**ATTACH VOIDED CHECK FOR CHECKING OR MONEY MARKET ACCOUNT**

ATTACH VOIDED CHECK HERE

  
  
  
  
  
  
  
  
  
  

TRANSIT ROUTING # \_\_\_\_\_
CHECKING ACCOUNT # \_\_\_\_\_

**FOR ACA OFFICE USE ONLY**

- Confirmation Letter \_\_\_\_\_
- Account Set Up \_\_\_\_\_
- Pre Note \_\_\_\_\_
- Pledge Posted \_\_\_\_\_
- Bill Code \_\_\_\_\_

- Beginning Month \_\_\_\_\_
- Number of Months \_\_\_\_\_
- Account Number \_\_\_\_\_
- Pledge Amount \_\_\_\_\_
- Payment Amount \_\_\_\_\_