

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Assumption of the Blessed Virgin Mary Parish

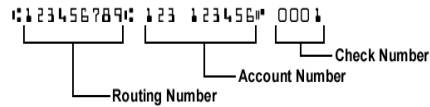
Belmont MI

ES7863

Please debit my contribution from my (check one):
 Checking Account (attach a voided check)
 Savings Account (contact your financial institution for Routing #)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



Envelope # (leave blank if not applicable)

Telephone Number

Last Name

First Name

Address

City

State

Zip

Effective Date	General Contribution	School/Preschool Tuition	Religious Education Tuition
____/____/____	\$ _____ Weekly – Mondays Semi-Monthly – 1 st and 15 th Monthly on the 1 st Monthly on the 15 th	\$ _____ Weekly – Mondays Semi-Monthly – 1 st and 15 th Monthly on the 1 st Monthly on the 15 th	\$ _____ Weekly – Mondays Semi-Monthly – 1 st and 15 th Monthly on the 1 st Monthly on the 15 th

Effective Date	Capital Improvement Fund	AEEF Investment Fund	AEEF School Annual Fund
____/____/____	\$ _____ Weekly – Mondays Semi-Monthly – 1 st and 15 th Monthly on the 1 st Monthly on the 15 th	\$ _____ Weekly – Mondays Semi-Monthly – 1 st and 15 th Monthly on the 1 st Monthly on the 15 th	\$ _____ Weekly – Mondays Semi-Monthly – 1 st and 15 th Monthly on the 1 st Monthly on the 15 th

AGREEMENT

I authorize the above 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: _____

Please staple voided check here.