ST. LOUIS CATHOLIC CHURCH
13 St. Louis Place
Batesville, Indiana 47006
Phone: (812) 934-3204
Fax: (812) 933-0667

Automatic Debit Authorization Change Form

(Check all that apply)

☐ **Name/Address** ☐ **Amount** ☐ **Frequency** ☐ **Stop Payment** ☐ **Account Information**

St. Louis Catholic Church will make the following changes to your Automatic Debit Enrollment Form:

Account Holder's Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Collection Envelope#** _____

Account Holder's email address for confirmation notices _____

New amount per withdrawal for Sunday Collections: _____

Frequency: (Circle one) **Weekly** **Monthly** **Quarterly** **Annually**

Date to stop/change current automatic withdrawal:_____(Weekly debits will be on Friday. Monthly debits will be the first Friday of the month. Quarterly debits will be the first Friday of January, April, July, and October. Annual debits on date specified.)

Name of Bank: _____

Bank Branch Location: _____
City *State* *Zip Code*

Type of Bank Account: (Circle one) **Checking** **Savings**

Bank Routing Number: _____

Bank Account Number: _____

Please attach a void check for verification of bank checking account.

Sample Check Numbering :074908594: 0489555556 0999
Routing # Account# Check#

Said $_____ **is to be applied to** _____ **contribution record at St. Louis**
(Family Envelope #)
Catholic Church based on the frequency rate specified above.

I hereby authorize St. Louis Catholic Church to make the above changes to my Automatic Debit Authorization Form.

_____ _____
(Signature of Account Holder) (Date)

An electronic transfer deemed non-sufficient will be re-presented to your financial institution for its face value. The account holder will be responsible for non-sufficient charges regulated by your bank.

Please return completed form to the parish office or place the form in the Sunday collection.