

Sign Up Today For EZ Autopay!

It's Simple – Just Complete and Return to “The Church of Notre Dame”

Weekly giving amount: \$ _____ (week) x 52 = \$ _____

Monthly Capital Improvement: \$ _____ (month) x 12 = \$ _____

Staffing Fund amount: \$ _____ (month) x 12 = \$ _____

Other: _____ \$ _____ (month) x 12 = \$ _____

Total = \$ _____ ÷ 12 = \$ _____ *Monthly Amount*

Authorization agreement for direct payments (ACH debits)

I will continue using my envelopes until the Sunday before the 5th day of _____ (month) at which time The Church of Notre Dame is hereby authorized to initiate debit entries to my (our) account on the 5th day of each month for the above monthly amount and I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Account # _____ Checking Savings Financial Institution: _____

Routing # _____ Address _____ City _____ State _____ Zip _____

This authorization is to remain in full force and effect until The Church of Notre Dame has received written notification from me (or either of us) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

X _____ X _____
Signature Date Signature Date

Printed Name: _____ Printed Name: _____

Address _____ City _____ State _____ Zip _____

Please attach a voided check from the account that you wish to use! Thank you.