



Saint Luke Catholic Church
 7575 Holliday Drive East
 Indianapolis, IN 46260
 317-259-4373

Authorization Agreement For Direct Payment

I/We hereby authorize Saint Luke Catholic Church, hereinafter called CHURCH, to initiate debit entries to my/our Checking Account indicated below, at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

YOU MUST ATTACH A VOIDED CHECK TO THIS FORM.

BANK _____

BRANCH _____

CITY _____

STATE _____ **ZIP** _____

ROUTING NO. _____

ACCOUNT NO. _____

AMOUNT TO DEBIT \$ _____

You must complete a separate form for each direct debit payment/contribution. Debits are made on a monthly basis on the 15th of the month. Additional forms are available in the school and parish offices.

DEBIT FOR: (CIRCLE ONE)

SCHOOL TUITION/FEES PAYMENTS

REGULAR SUNDAY CHURCH CONTRIBUTIONS

EFFECTIVE DATE _____

Authorization for tuition payments will begin July 15 and end April 15.

Authorization for all other contributions is to remain in full force and effect until CHURCH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CHURCH and DEPOSITORY a reasonable opportunity to act on it.

 Name (Please print)

 (Signature)

 Date

 Name (Please Print)

 (Signature)

 Date