

# St. Wenceslaus Catholic Church ACH Authorization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Type:           Checking           Savings

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount Per Month: \_\_\_\_\_

Start Date: \_\_\_\_\_

I hereby authorize St. Wenceslaus Church to debit my checking/savings account on the 5<sup>th</sup> of the month for my capital campaign contribution.

Signature: \_\_\_\_\_

**Please attach a voided check**