



*To carry on the work of Christ by fostering philanthropy*

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## Field of Interest Fund Automatic Payment Request Form

### Authorization/Cancellation Form for Year \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Authorization

I hereby authorize an automatic payment in the amount of \$ \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_ to be withdrawn on the:

- First day of each month
- Last day of each Quarter
- Annually

Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_

from the following bank account:

Bank name: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

This contribution will be deposited to the Catholic Community General Checking account designated for the \_\_\_\_\_ Fund.

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

### Cancellation

I hereby authorize the cancellation of the following automatic payment from the above bank account effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

### Signature

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please attach voided check for checking account or blank deposit slip for savings account.**