



To carry on the work of Christ by fostering philanthropy

400 E. Monroe Street • Phoenix, AZ 85004
Phone 602.354.2400 • Fax 602.354.2423
www.ccfphx.org • Email: info@ccfphx.org

Personal Family 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 ____ to be withdrawn on the: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.