

**Christ the King Church**  
**DIRECT DEBIT PAYMENTS AUTHORIZATION FORM**

**Please fill out, sign, and return the form either to the parish office or put directly into the collection basket on Sunday. Please note that you must PRINT this form.**

NAME(S) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

BANK OR CREDIT UNION NAME \_\_\_\_\_

BANK ROUTING NO. \_\_\_\_\_ \* ACCOUNT NO. \_\_\_\_\_ \*

{This authority is to remain in effect until the church has received written notification from me (or either of us) of its change in amount or its termination.}

AMOUNT TO BE WITHDRAWN \_\_\_\_\_ (DONATION)

DISTRIBUTION: GENERAL COLLECTION \_\_\_\_\_

CHURCH RENOVATIONS \_\_\_\_\_

SHARING GOD'S GIFTS \_\_\_\_\_

DO YOU WISH YOUR DONATION TO BE: WEEKLY \_\_\_\_, BI-WEEKLY \_\_\_\_, MONTHLY \_\_\_\_

DATES OF WITHDRAWAL (If bi-weekly or monthly): 1<sup>st</sup> \_\_\_\_, 15<sup>th</sup> \_\_\_\_, 30<sup>th</sup> \_\_\_\_

I (We) hereby authorize Christ the King Church to initiate debit entries to my (our) Checking Account indicated above.

SIGNED\*\* \_\_\_\_\_ SIGNED\*\* \_\_\_\_\_

DATE \_\_\_\_\_

**A VOIDED CHEQUE MUST BE ATTACHED TO THIS FORM**

\*Please use diagram ON REVERSE to assist in retrieving these numbers from your check.

\*\*If account is a joint account, both account holders must sign this authorization.

(This form is for parish use only.)

JOHN DOE  
123 ANYWHERE ST  
SUDBURY, ON

DATE 20 - -  
Y Y Y M M D D

012

PAY TO THE ORDER OF \_\_\_\_\_ \$

100 DOLLARS

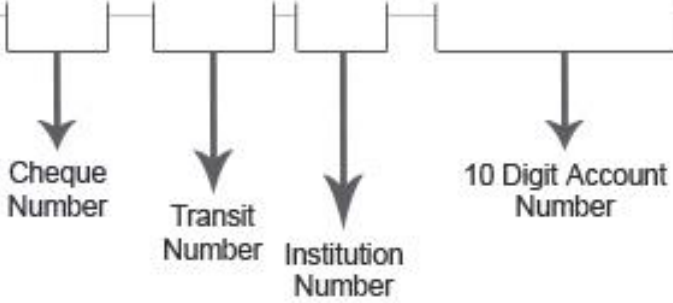
 **SUDBURY CREDIT UNION LIMITED**  
1250 LASALLE BOULEVARD  
SUDBURY, ONTARIO P3A 1Y7

MEMO \_\_\_\_\_

Security features included. Details on back.

MP

⑈ 012 ⑈ ⑆ 00000 ⑈ 000 ⑆ 00000000 ⑈ 000 ⑈



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