

**Faith Formation
Automatic Withdrawal Authorization**

Immaculate Heart of Mary Catholic Church/Faith Formation

ES6614-4

Name on Account (Please Print)		
Address		
City	State	Zip
Authorization Form		
Beginning Date: _____ <input type="checkbox"/> New Authorization <input type="checkbox"/> Change Payment Amount <input type="checkbox"/> Change Payment Date <input type="checkbox"/> Change Financial Institution Account <input type="checkbox"/> Discontinue Electronic Payment		
Payment Plan: Faith Formation and Sacramental Tuition		
<input type="checkbox"/> Monthly on the 15 th of the Month (September – March)	<input type="checkbox"/> Quarterly the 15 th of the month (September, November, January, and March)	
Total Amount \$ _____		
Please take my payment directly from the account specified:		
<input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (attach a savings Deposit Slip)		
Routing # Routing number must start with 0, 1, 2 or 3, is 9 digits long, and is located at the bottom of the check between these symbols	Account #	
I authorize Immaculate heart of Mary Church and Vanco Services, LLC to process debit entries to my account. I have attached a voided check or savings deposit slip. This Authorization will remain in effect until I give reasonable notification to terminate this authorization. I understand there will be a \$25.00 NSF fee automatically charged to my account for any nonsufficient funds (NSF) transactions.		
Authorized signature on my account: _____		Date: _____
Please attach a voided check or savings deposit slip		