

Auto Pay Authorization Form

I (we) authorize **House of Mary** to initiate deductions from my (our) bank account indicated below when payments are due for my (our) donation. I authorize the financial institution below to honor the deductions initiated by **House of Mary**. I (we) acknowledge that the origination of these deductions (ACH transactions) to my (our) account must comply with the provisions of U.S. law.

Customer Information:

Name(s):		
Address:		
City:	State:	Zip:
Daytime Phone:	Cell Phone:	

Financial Institution Information

Name of Financial Institution:		
Address:		
City:	State:	Zip:
Account #:	Account Type: _____ Checking _____ Savings	
Routing/Transit #:	Amount to Deduct Monthly:	

*This authority is to remain in full force and effect until **House of Mary** has received written notification from me (or either of us) of its termination in such time and manner as to afford **House of Mary** and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.*

Printed Name

Signature Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM