

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 number: _____

Financial Institution Information

Name of financial institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Account #: _____ Type of account: Checking Savings

Routing/Transit # of financial institution: _____

*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.*

Please Sign Here

Printed Name

Signature

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM