



Our Lady of Mount Carmel
**New Authorization Agreement for
Automatic Withdrawal of Funds**

Requested Effective Date _____ (Please allow 2 weeks for processing)

Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number _____

Envelope Number: _____

Regular Dollar Amount for Withdrawal \$ _____

Frequency (Please check one):

Semi-Monthly – 1st **and** 15th

Monthly (circle one) -- 1st **or** 15th (please note that if one is not circled, we will use the 1st)

Please debit my contributions from my (check one):

Checking Account (attach voided check)

Savings Account

Bank Routing Number: _____

(Located at bottom of check between the symbols ■000000000■) 9 numbers

Account Number: _____

I authorize OLMC to process debit entries from my checking or savings account indicated above.

I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make any changes to the above information, I need to submit a change or a cancel form to OLMC at least 2 weeks before the effective date of the change. I have attached a voided check below.

Signature: _____ Date: _____

Please attach your voided check here.

Please direct any questions to OLMC Office at 440-585-0700

For Office use only

Date Received _____

Date Processed _____