

Debit Authorization Agreement



Direct Debit — Monthly

Directly debit my monthly payment from my bank account: Checking Savings

Amount: 25 \$50 \$100 \$250 other

Name(s) on bank account:

Bank Name:

Bank Address:

City

State

Zip

Bank Account Number:

ABA Routing Number:

I hereby authorize **Ave Maria Retreat Center** to direct debit my account from the bank listed above monthly. This includes, if necessary, adjustments for debit entries made in error to my account. This authorization remains in force until you receive written notification from me terminating this Agreement. Upon termination of this Agreement, I realize it may take one month to discontinue direct debit.

Signature:

Date Signed:

Please attach a voided blank check or deposit slip for the account of which you are requesting debit of your donation.

Direct Debit — One Time Donation (you may also enclose a check instead of filling out the information below)



I want to make a 1-time donation from my bank account: Checking Savings

Amount: 25 \$50 \$100 \$250 other

Name(s) on bank account:

Bank Name:

Bank Address:

City

State

Zip

Bank Account Number:

ABA Routing Number:

I hereby authorize **Ave Maria Retreat Center** to direct debit my account one time from the bank listed above.

Signature:

Date Signed:

Please attach a voided blank check or deposit slip for the account of which you are requesting debit of your donation.

Thank you!