

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS FROM DONOR'S
BANK ACCOUNT TO THE FRUITFUL HARVEST CAMPAIGN OF THE
DIOCESE OF LAFAYETTE**

The undersigned Donor(s), being desirous of making contributions to the Fruitful Harvest Campaign of the Diocese of Lafayette, hereby authorize(s) initiation of a withdrawal of _____ Dollars (\$_____) from Donor(s) [] checking or [] savings account (select one) in the Financial Institution named below for direct electronic transfer to the order of the General Account; and the undersigned Donor(s) further authorize(s) the said Financial Institution to debit such [] monthly, [] quarterly, [] semi-annually, [] annually (select one) withdrawals against said account. The total amount withdrawn shall not exceed \$ _____ .
(amount of pledge)

The effective date to start withdrawals will be the first day of _____ .
(month)

FINANCIAL INSTITUTION

NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

TRANSIT (ROUTING) NO.: _____ ACCOUNT NO. _____
(Copy from attached voided check)

This authorization shall remain in full force and effect until the Financial Institution receives written notification of its cancellation from (either of) Donor(s), or from Diocese of Lafayette, not less than three business days before the next scheduled withdrawal.

DONOR(S) SIGNATURE(S): _____ Date: _____, 199_

DONOR(S) NAME(S) (Please Print):

ADDRESS (Please Print):

(Street) (City) (State) (Zip)

(ATTACH VOIDED CHECK HERE)

Please return this form to the Pastoral Office for Administration, P O Box 260, Lafayette, IN 47902