

**Holy Family Catholic Church**  
**104 E. Birch Street / P.O. Box 99**  
**Three Forks, MT 59752**  
**406-285-3592**

Church Name Holy Family Catholic Church	
Name on account (Print)	Account Holder's Phone #
Address	
City, State, and Zip	
I authorize the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> New Payment from Account Specified Below <i>(One account only, please.)</i></li> <li><input type="checkbox"/> Change Indicated Below</li> <li><input type="checkbox"/> Discontinue Electronic Funds Transfer from Account or Fund Specified Below.</li> </ul>	

Account Information <i>(Provide information below for one account only.)</i>	
Bank Account Information	
Bank Name	
Account Type	<input type="checkbox"/> Checking <i>(please attach voided check)</i> <input type="checkbox"/> Savings <i>(please attach deposit slip)</i>
Routing Number	
Account Number	
Authorization Effective Date	

**Sunday Offering Pledge**

Payment Schedule	Amount	Payment Start Date	Collection Date(s) <i>(Choose one date for withdrawal from your account)</i>
<input type="checkbox"/> Monthly	\$		<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup>

I authorize the above-named church or school to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For checking or savings account debits, please attach your voided check or savings deposit slip.*