

**Diocese of San Diego
Auto Debit
Authorization**

New

Change

Checking Account (attach a voided check below)

NAME OF BANK OR FINANCIAL INSTITUTION: _____

I authorize the Diocese of San Diego and the bank(s) or other financial institution(s) listed above to Auto Debit electronically from my account(s) twice a month. If funds to which the Diocese of San Diego are not entitled are removed from my account, I also authorize the Diocese of San Diego to direct the bank or other financial institution to return said funds. This authority will remain in effect until I have submitted a new authorization.

Parish or School Location Name: _____

Pastor/Principal Signature: _____

Pastor/Principal (Print Clearly): _____

Date: _____

STAPLE YOUR VOIDED CHECK HERE:

JOHN DOE
123 MAIN STREET
555 - 1234

2833

_____ 19 _____

PAY TO THE
ORDER OF _____ \$ _____

_____ DOLLARS

ANY BANK, USA

MEMO _____

-106 1000 1004 89-00 01 87 2833 -106 1000 1004 89-00 01 87 2833