



## Automatic Debit Form

I authorize Saint Pius X Catholic Church to process debit entries to my account. If applicable, I have attached a voided check or savings deposit slip. The authority will remain in effect until the pledge is completed or until I give reasonable notification to terminate this authorization.

Please Print Name: \_\_\_\_\_

Pledge Amount \$ \_\_\_\_\_

Pledge terms (circle one):      weekly    monthly    quarterly    semi-annually    annually

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

Authorized Signature on account: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE SELECT ONE OPTION BELOW:**

**Direct Withdrawal Request (from your bank account)**

***Please attach a voided check or deposit slip***

Name on Account (Please Print): \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

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**Credit Card Information**

*(Please note: Saint Pius X is assessed a 3% processing fee for all credit card transactions)*

VISA \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Verification Number \_\_\_\_\_