

**ACH Debit Recurring Donation Authorization Form**

Please use this form to authorize Catholic Charities, Diocese of Winona to debit your bank account on a recurring basis for donations.

**Donor Information**

**Account Information**

\_\_\_\_\_  
Name (on bank account)

\_\_\_\_\_  
Bank Name

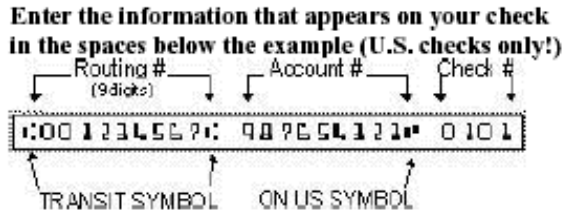
\_\_\_\_\_  
Address

\_\_\_\_\_  
Bank City and State

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Telephone Number



\_\_\_\_\_  
**Monthly Donation Amount**

\_\_\_\_\_  
Bank Routing or "Transit" Number

\_\_\_\_\_  
Designation of funds

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Account Type (Checking or Savings)

**Please attach a copy of a voided check with this form. This form can be faxed to 507-454-3027 or you can mail it to our Executive office at the top of this form. For questions, please contact our Coordinator of Administrative Services at 507-454-2270.**

**Authorization**

By sending in this ACH debit authorization form, you authorize Catholic Charities, Diocese of Winona to debit your bank account for donations to the Agency. You understand that this is a periodic debit made on the 15<sup>th</sup> of the month, and that to change or terminate this recurring debit process you must give Catholic Charities written notice within 15 days of the next recurring debit.

You acknowledge that you are the owner or authorized signer on the account information entered in this form.

\_\_\_\_\_  
Signature of authorized Bank Account Holder

\_\_\_\_\_  
Date