

**GOOD SHEPHERD CATHOLIC PARISH
AUTOMATIC WITHDRAWAL REQUEST**

In gratitude for God's blessing my/our automatic withdrawal will be: \$_____/month

Effective date of first transfer: _____ (Please allow at least 2 weeks)

Name: _____

Phone: _____

Street Address: _____

Email: _____

City: _____

Date: _____

Please indicate the method:



Entire amount on the 1st of each month

Entire amount on the 15th of each month

1/2 on the 1st and 1/2 on the 15th of each month

Name of Bank: _____

Account #: _____

9-digit Routing #: _____

Type of account: Checking Savings

THE PARISH IS HEREBY AUTHORIZED TO AUTOMATICALLY WITHDRAW THE DESIGNATED AMOUNT FROM MY ACCOUNT LISTED ABOVE. I UNDERSTAND THAT I CAN MODIFY OR CANCEL THIS AGREEMENT AT ANY TIME BY NOTIFYING THE PARISH IN WRITING.

Signature: _____

Date: _____

I WANT TO CANCEL MY AUTOMATIC WITHDRAWAL FROM THE ACCOUNT LISTED ABOVE.

Signature: _____

Date: _____

Please mail the completed form to:

GOOD SHEPHERD CATHOLIC PARISH, PO BOX 39, BREA CA 92621

RECURRING ACH-TRANSFER AUTHORIZATION FORM
AUTHORIZATION AGREEMENT TO CREDIT
GOOD SHEPHERD CATHOLIC PARISH

Please credit the following account:

Checking: X **Savings:** _____

Bank Name: BREDASAVINGS BANK

Bank Routing number: 073912196

Bank Account number:

Start date: _____

Frequency: _____