

Saint Vincent DePaul Society

Direct Offering Authorization Form

I authorize Saint Vincent DePaul Society to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the organization a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)

(SIGNATURE)

(DATE)

(NAME - Please Print)

(ADDRESS - Please Print)

Account No. _____ Checking _____ or Savings _____

Frequency: Weekly _____ Bi-Weekly _____ Monthly _____

Financial Institution Routing Number _____
(between these symbols I: I: on the bottom left of your check)

Retain a Copy For Your Records

On _____ (date) I authorized the Saint Vincent DePaul Society (7 W 6th St, Sterling, IL 61081, Phone 815.625.0311) to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Initial offering amount: \$ _____

(If any changes are made to this authorization, you will be notified at least 10 days before the regularly scheduled offering date.)

Regular offering date: _____