AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Catholic Diocese of Wichita **ES8308**

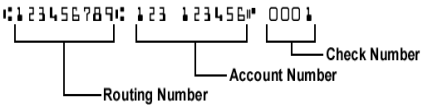
Constituent id # (leave blank if not applicable)	Email Address	
Last Name	First Name	
Address		
City	State	Zip

Please debit my donation from my (check one):

- ❑ Checking Account (attach a voided check)
- ❑ Savings Account (contact your financial institution for Routing #)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



Date of first donation:

_____/_____/_____

Frequency of donation:

- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Quarterly on the 1st (Jan, April, July, Oct)

Special Instructions:

Fund designations and amounts:

- ❑ Serra Monsignor McGread Seminary Education Endowment $_____
- ❑ The Lords Diner $_____
- ❑ The Drexel Fund (fbo St. Joseph School - Wichita) $_____

AGREEMENT

I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

Please staple voided check here.