



ST. ROSE OF LIMA PARISH

11701 Clopper Road
 Gaithersburg, Maryland 20878-1024
 Phone: 301-948-7545
 Fax: 301-869-2170
 E-Mail: strose@strose.com

<input type="checkbox"/>	This is a NEW enrollment.
<input type="checkbox"/>	This is a CHANGE or RENEWAL for an existing enrollment.

Authorization Agreement for **DEBT REDUCTION (Green Envelope) DIRECT DEBIT**

I/We hereby authorize **ST. ROSE OF LIMA PARISH** to initiate debit entries to my/our Checking/Savings account indicated below at the depository named below, hereinafter called **DEPOSITORY**, to debit the same to such account on the **20th** of each month for the amount specified below.

This authorization is to remain in full force and effect until **ST. ROSE OF LIMA PARISH** has received written notification from me/us of its termination in such time and in such manner as to afford **ST. ROSE OF LIMA PARISH** and **DEPOSITORY** a reasonable opportunity to act on it.

Financial Institution		Branch	
City	State	Zip	
Routing Number	Account Number	Type of Account	
		<input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Name(s)		Envelope Number	
MONTHLY Amount		Start Date	
		____ / 20 / ____	
Signature of Account Holder #1	Date	Signature of Account Holder #2	Date
Phone Number		E-Mail Address	

NOTE:
 For checking account debit: This authorization must be accompanied by a canceled or voided check.
 For savings account debit: This authorization must show the complete routing and account number.
 Get this information directly from your bank; preprinted slips sometimes have conflicting information.