



**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

- This is a **NEW** enrollment.
- This is a **CHANGE** or **RENEWAL** for an existing enrollment.

**Authorization Agreement for  
 OFFERTORY 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 **15th** 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.

<b>Financial Institution</b>		<b>Branch</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Routing Number</b>	<b>Account Number</b>	<b>Type of Account</b>	
		<input type="checkbox"/> Savings <input type="checkbox"/> Checking	
<b>Name(s)</b>		<b>Envelope Number</b>	
<b>MONTHLY</b> Amount		<b>Start Date</b>	
		____ / 15 / ____	
<b>Signature of Account Holder #1</b>	<b>Date</b>	<b>Signature of Account Holder #2</b>	<b>Date</b>
<b>Phone Number</b>		<b>E-Mail Address</b>	

**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.