

**AUTHORIZED AGREEMENT FOR
AUTOMATIC CLEARING HOUSE (ACH) DEBITS**

I (We) hereby authorize The Cathedral Community to initiate debit entries to my (our) Checking/Savings account at the depository (bank) named below:

Bank Name: _____

Branch: _____

City: _____ **State:** _____ **Zip Code:** _____

9-Digit Transit/ABA Number: _____

Account Number: _____

Checking: _____ **Savings:** _____

Name(s): _____

Address: _____

Date: _____

Signature(s): _____

PLEASE INDICATE THE WEEK OF THE MONTH THAT YOU WISH TO HAVE THE MONEY DEBITED FROM YOUR ACCOUNT:

Second Monday of the Month _____

OR

Third Monday of the Month _____

PLEASE INDICATE THE AMOUNT THAT YOU WISH TO HAVE DEBITED PER MONTH

\$ _____

PLEASE ATTACH A VOIDED CHECK

**RETURN TO: The Cathedral Community
296 Flower City Park
Rochester, NY 14615
Attn: Business Manager**