



Annual
Catholic
Appeal
Foundation

**AUTHORIZATION
AGREEMENT**
FOR PREAUTHORIZED CONTRIBUTIONS
THROUGH ELECTRONIC DEBIT TRANSFERS

AUTHORIZATION:

I HEREBY AUTHORIZE AND REQUEST THAT THE ARCHDIOCESE OF SANTA FE INITIATE WITHDRAWAL ENTRIES TO MY ACCOUNT ACCORDING TO THE INSTRUCTIONS INDICATED BELOW AND FOR THE PURPOSE OF CONTRIBUTION TO THE ANNUAL CATHOLIC APPEAL FOUNDATION.

THIS AUTHORITY IS TO REMAIN IN FULL FORCE ONLY FOR THE CURRENT CAMPAIGN YEAR OF 2003 OR UNTIL WRITTEN TERMINATION IS RECEIVED BY THE ARCHDIOCESE OF SANTA FE AND THE FINANCIAL INSTITUTION IN SUCH A MANNER AS TO AFFORD A REASONABLE TIME TO ACT ON IT.

DONOR'S NAME	DONOR'S PARISH	DONOR'S ACA ACCOUNT NO.

TOTAL ANNUAL PLEDGE	AMOUNT OF MONTHLY CONTRIBUTION	BEGINNING MONTH	DATE OF MONTHLY DEBIT
\$	\$		<input type="checkbox"/> 5 TH <input type="checkbox"/> 20 TH

DONOR'S FINANCIAL INSTITUTION	FINANCIAL 9-DIGIT TRANSIT ROUTING NO.	DONOR'S ACCOUNT NO.
		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

DONOR'S SIGNATURE	DAYTIME PHONE NO.	DATE

ATTACH VOIDED CHECK FOR CHECKING OR MONEY MARKET ACCOUNT

ATTACH VOIDED CHECK HERE

FOR ACA OFFICE USE ONLY

<input type="checkbox"/> Confirmation Letter	_____	Beginning Month	_____
<input type="checkbox"/> Account Set Up	_____	Number of Months	_____
<input type="checkbox"/> Pre Note	_____	Account Number	_____
<input type="checkbox"/> Pledge Posted	_____	Pledge Amount	_____
<input type="checkbox"/> Bill Code	_____	Payment Amount	_____