AUTHORIZATION AGREEMENT

For preauthorized contributions through electronic debit transfers to the Annual Catholic Appeal

I hereby authorize and request that the annual catholic appeal foundation initiate withdrawal from 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 **2010** or until notification of termination is received and the financial institution in such a manner as to afford a reasonable time to act.

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

DONOR'S E-MAIL ADDRESS

TOTAL ANNUAL PLEDGE	AMOUNT OF MONTHLY CONTRIBUTION	BEGINNING MONTH
$	**$**	

DONOR'S FINANCIAL INSTITUTION	FINANCIAL 9-DIGIT TRANSIT ROUTING NO.	DONOR'S ACCOUNT NO.
		☐ CHECKING ☐ SAVINGS

DONOR'S SIGNATURE	DAYTIME PHONE NO.	DATE

ATTACH VOIDED CHECK HERE

Transit Routing # Checking Account#

FOR ACA OFFICE USE ONLY

Number of Months _____ Payment Amount _____