

**Please complete one side of the form. Choose ACH or Credit Card:**

**ST. THOMAS MORE  
AUTHORIZATION FORM FOR CHECKING OR SAVINGS PAYMENTS  
SUNDAY COLLECTION**

Name \_\_\_\_\_ # \_\_\_\_\_

Office Use Only

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Check One: **Checking:**  or **Savings:**

Amount of Contribution \$ \_\_\_\_\_

Check One: **Monthly:**  or **Weekly:**

Monthly donations are charged the first Monday of the month.

Start Date: \_\_\_\_\_

I authorized St. Thomas More Parish to initiate electronic debit entries withdrawing funds from my account as noted above and the financial institution named to debit such entries.

**Signature** \_\_\_\_\_

There is no processing fee for contributions.

Please attach a voided check or savings account deposit ticket to verify the account and bank routing number.

**Please return in a sealed envelope. Drop in the collection basket or mail to the Finance Office:  
Finance Office, St. Thomas More, 800 Ohio Pike, Cincinnati, OH 45245-2299**