



ST. ANTHONY ANGELS

OF THE COMPANIONS OF ST. ANTHONY

12290 Folly Quarter Road • Ellicott City, MD 21042

Toll free: 1-844-StAnthony (844-782-6846)

www.companionsofstanthony.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize *Companions of St. Anthony*, hereinafter called (COSA), to initiate debit entries to my (our)

(Check one:)

Checking Account

Savings Account

indicated below at the depository financial institution named below, hereafter called BANK, and to debit the same to such account. I (we) acknowledge that the originator of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK _____ BRANCH _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Please include a voided check with your returned authorization agreement.

Amount of monthly donation \$ _____

Withdrawn from my account on (check one): 1st of month 15th of month

This authorization is to remain in full force and effect until COSA has received written notification from me (or either of us) of its termination of at least 30 days notice.

PRINTED NAME(s) _____

DATE (MM/DD/YYYY) _____

SIGNATURE(s) _____

Your monthly ACH debit to the Companions of St. Anthony will appear on your bank statement as **CMPN OF ST ANTHN**. *God bless you for your generosity!*