



Instructions to give via direct debit:

Please fill out the below and mail to address below

Authorization for Direct Payments (ACH debits):

I (We) authorize the Appeal Office of the Archdiocese of New York to initiate debit entries to my (our) checking account saving account indicated below at the depository financial institution named below, and to debit the same to such amount. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. Law.

Depository Name _____ Address/Branch _____

Routing No. _____ Account No. _____

Please deduct \$ _____ from this account on the 1st or 15th of each month for _____ months.

Signature _____ Date _____

Please mail this form to:

The Cardinal's Annual Stewardship Appeal

1011 First Avenue, Suite 1400

New York, NY 10022