

ARCHDIOCESE OF MOBILE  
Fiscal Management Office  
Electronic Deposit & Withdrawal Authorization Agreement

Posted to:  
ACH Banking Template \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

I hereby authorize The Archdiocese of Mobile, for the purpose of the Baldwin County Catholic High School Capital Campaign, to initiate debit entries and to initiate, if necessary, debit entries and adjustments for any debit entries in error, to my \_\_\_ Checking \_\_\_ Savings account (select one per form) indicated below and the depository named below to debit or credit the same to such account.

**DEPOSITORY:**

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_ Tel.# \_\_\_\_\_

Address \_\_\_\_\_

Monthly Donation: \$  
Term:

Total Pledge: \$  
Start Date: \_\_\_\_\_

PLEASE ATTACH A **VOIDED CHECK** ( for checking accounts ) or a deposit slip if checks are not written on this savings account.

This authority will remain in force and effect until **The Archdiocesan Controller has received** written notification from me of it's termination in such time and in such manner as to afford the Archdiocese and the Depository a reasonable time to act upon the **written notice of termination**.

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

\_\_\_\_\_  
Signature of Authorized Agent

Mail to: Baldwin County Catholic High School Capital Campaign,  
Archdiocese of Mobile, 352 Government Street, Mobile, AL 36602 or Fax  
to (251)438-4612