St. Vincent de Paul
LOUISVILLE

ACH Debit Recurring Donation Authorization Form

Please use this form to authorize St. Vincent de Paul Louisville to debit your bank account on a recurring basis for donations.

Donor Information

Name (on bank account)

Address

City, State Zip

Telephone Number

Monthly Donation Amount

Designation of Funds

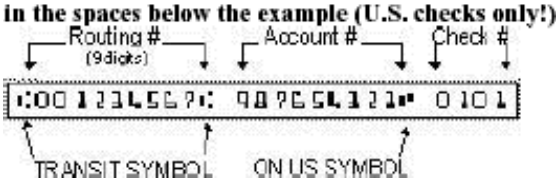
Account Information

Bank Name

Bank City and State

Bank Phone Number

Enter the information that appears on your check in the spaces below the example (U.S. checks only!)



Bank Routing or "Transit" Number

Bank Account Number

Account Type (Checking or Savings)

Please attach a copy of a voided check with this form. This form can be faxed to mgreenwell@svdplou.org or you can mail it to Makenzie Greenwell at PO Box 17126, Louisville, KY 40217. For questions, call our Sr. Development & Events Coordinator at 502-272-2134.

Authorization

By sending in this ACH debit authorization form, you authorize St. Vincent de Paul Louisville to debit your bank account for donations to the Agency. You understand that this is a periodic debit made on the 15th of the month, and that to change or terminate this recurring debit process you must give SVDP written notice within 15 days of the next recurring debit.

You acknowledge that you are the owner or authorized signer on the account information entered in this form.

Signature of Authorized Bank Account Holder

Date