



I (we) authorize Catholic Charities Diocese of Fort Worth, Inc. to initiate variable entries to my (our) account as described below:

[Click here to enter text.](#)

Name on Account

[Click here to enter text.](#)

Bank Name

[Click here to enter text.](#)

Bank Account Number

checking

Savings

[Click here to enter text.](#)

Bank Routing Number (9 digit number at the bottom of the check)

Please attach a voided check to this form.

Total amount pledged \$ _____ over _____ years

First Payment to start: _____ month _____ year

Day 15th or 27th

This authority is to remain in full force and effect until Catholic Charities Diocese of Fort Worth, Inc. has received written notification from me (or either one of us) of it's termination in such time and manner as to effort the agency a reasonable opportunity to act on it.

Signature: _____

Full Name: _____

Address: _____

Date: _____