

**St. Mary of the Hills
Ach
Debit from Checking Account**

Name: _____ Env.#: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone # _____

E-mail Address: _____

Routing # _____

Check Account # _____

Amount of Donation: _____

Monthly (circle one) Date of Withdrawal: 1st 15th

I hereby authorize St. Mary of the Hills to deduct this amount from my account each month.

Signature: _____

I previously had an automatic credit to a charge card. Please discontinue.

Mail to: St. Mary of the Hills
Attn: Judy Kozlowski
2675 John R
Rochester Hills, MI 48307

For office use:
Completed date _____