



**Recurring Gift Authorization Form**

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Where would you like the funds to go? Choose one:

\_\_\_\_ As Most Needed                      \_\_\_\_ Chapel Operating Expense Fund

\_\_\_\_ Capital Improvement                \_\_\_\_ Endowment

\_\_\_\_ Other: \_\_\_\_\_

Check here if your gift should remain anonymous:

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**Checking or Savings Account Debit (choose one):**

\_\_\_\_ Checking (MUST INCLUDE A VOIDED CHECK)

\_\_\_\_ Savings

Financial Institution Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Please debit my account \$ \_\_\_\_\_ (minimum \$10):

\_\_\_\_ Each week                      \_\_\_\_ Each month

Beginning date (list date here): \_\_\_\_\_

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

I authorize Mother of Mercy (MOM) Foundation to initiate debit entries to my account listed below. I further authorize MOM Foundation and the listed financial institution to initiate credits to my account to correct any errors. This authority will remain in effect until Mother of Mercy Foundation and/or the listed financial institution receive written notification of termination, allowing reasonable opportunity to enforce the termination. I understand that the processing time to start or stop payments may take up to 30 days.

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

**Return to: MOM Foundation, PO Box 676, Albany, MN 56307**