



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:

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