



**SAINT BERNARD OF CLAIRVAUX CHURCH**  
AUTHORIZATION FORM FOR CHECKING OR SAVINGS PAYMENTS  
SUNDAY COLLECTION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CHECK ONE:      CHECKING                       SAVINGS

AMOUNT OF CONTRIBUTION                      \$ \_\_\_\_\_

CHECK ONE:      WEEKLY                       MONTHLY

Monthly donations are charged the first Monday of the month.

START DATE: \_\_\_\_\_

I authorize St. Bernard of Clairvaux Church to initiate electronic debit entries withdrawing funds from my account as noted above and the financial institution named to debit such entries.

Signature \_\_\_\_\_ DATE \_\_\_\_\_

**Please attach a voided check to verify the account and bank routing number.**

Please return in a sealed envelope. Drop in the collection basket or mail to the Parish Office:  
St. Bernard Church, 7130 Harrison Ave, Cincinnati, OH 45247