



District Council of Madison, Inc.
Society of St. Vincent de Paul
 P.O. Box: 259686
 Madison, WI 53725-9686

Yes! I'd like to become a St. Vincent de Paul Sustaining Samaritan

Direct Payment (Debit) Authorization Form (ACH) for Direct Donations

I, _____, certify that I am a legally authorized to access
 (donor first and last name here)

and disperse funds on the account listed below, and I hereby authorize the District Council of Madison, Inc., Society of St. Vincent de Paul and its agents, including financial institutions, to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries made in error to the account listed below.

This agreement will remain in effect until payor (District Council of Madison, Inc. Society of St. Vincent de Paul) is notified of its cancellation in writing. The payor will effect cancellation no later than 7 business days following receipt of the cancellation.

Name(s) on Account

Account Number

What's this? The account number is the middle set of numbers between these symbols: ■ 00009876543210 ■

Financial Institution Name

Financial Institution Routing/Transit Number

--	--	--	--	--	--	--	--	--	--

Type of Account: Checking Savings

Authorized Monthly Debit Amount: \$ _____

What's this? The routing number is a **nine-digit number** that identifies a financial institution in a transaction. Routing numbers are printed on the bottom of a check. They are the first 9 digits between these marks: ■ 123456789 ■ They are followed by the account number and check number.

Date to Debit: 1st of the month 15th of the month

Account Owner Authorization

Legal Account Name

Signature and Date

--	--

Please staple a voided check or a photocopy of a check to this form. Sorry, we cannot accept deposit slips.

Please return your completed form to:

Nancy Hansis, Development Director
 St. Vincent de Paul
 P.O. Box 259686
 Madison WI 53725-9686

For more information, contact Nancy Hansis, Development Director, 608-442-7200 x405 nhansis@svdpmadison.org.

For St. Vincent de Paul use only

(Optional) ID Number Received by:

--	--

DD

A completed Direct Payment Authorization form must be kept on file for each participant in the Direct Payment program.