



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
 (donor first and last name here)
 authorized to access 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

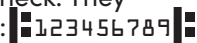
Account Number

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

Financial Institution Name

Financial Institution Routing/Transit Number

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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:  They are followed by the account number and check number.

Type of Account: Checking Savings

Authorized Monthly Debit Amount: \$ _____

Date to Debit: 1st of month 15th of 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:
 Eric Fleming, Director of Development
 Society of St. Vincent de Paul – Madison
 P.O. Box 259686
 Madison WI 53725-9686

For more information, contact Eric Fleming at (608) 442-7200 x34 or efleming@svdpmadison.org.

For St. Vincent de Paul use only

(Optional) ID Number	Received by:	<input type="checkbox"/> DD

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