



Our Lady of Mount Carmel
**Authorization Agreement for
Automatic Withdrawal of Funds Cancellation**

Requested Effective Date _____ (Please allow 2 weeks for processing)

Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number _____

Envelope Number: _____

I request that OLMC cease processing debit entries from my checking or savings account.

I understand that this authorization cancels any prior agreement with OLMC. I understand that I am responsible for any and all charges for 2 weeks after the received date of this change form.

This terminates any ACH activity (after 2 weeks processing time) from OLMC. If I wish to re-instate this agreement I am required to fill out a new account form with all needed information.

Signature: _____ Date: _____

For Office use only

Date Received _____ **Date Processed** _____