



THE
CATHOLIC
FOUNDATION

AUTOMATIC WITHDRAW AUTHORIZATION FORM

Authorization Information

By signing below, I authorize The Catholic Foundation to automatically withdraw from the following bank account for a charitable donation to:

_____ Fund, held at The Catholic Foundation.

In the amount of \$ _____

_____ one-time gift

_____ recurring gift

Bank Information

Bank Name _____

Account Type (Checking/Savings) _____

Account Number _____

ABA/Routing Number _____

Account Name _____

Donor Address _____

City/State/Zip _____

Phone _____ Email _____

Account Owner Authorization Signature _____

Date _____

Please send this form to: The Catholic Foundation | Attention: Automatic Withdraw Authorization
Mail: 257 East Broad Street | Columbus, OH 43215 | **Email:** info@catholic-foundation.org | **Fax #:** 614-443-8894

