

**Our Lady of the Brook  
Direct Debit  
Contribution Option**

I (we) authorize Our Lady of the Brook Parish to initiate one monthly debit to my (our) account indicated below. I (we) authorize the financial institution below to credit the amount of such entries to my (our) account. This authority is to remain in full force and effect until I (we) revoke the agreement as hereafter provided. Any revocation is effective only after Our Lady of the Brook Parish has received written notification from me (us) to terminate this agreement in such time and manner as to afford a reasonable opportunity to act upon the notice.

I (we) have the right to stop payment of a debit my notification to institution in such time and manner to afford a reasonable opportunity to act prior to charging the account. The institution has authority to correct any errors, and to deposit any such corrections to my (our) account.

I elect to use this payment option  
(please include a voided check)

Parishioner Signature: \_\_\_\_\_

Parishioner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Institution Routing #: \_\_\_\_\_

Account Number: \_\_\_\_\_

Monthly Debit Amount: \$ \_\_\_\_\_

Date of Debit: 15th of the Month

Parish ID Number: \_\_\_\_\_

Start Date: \_\_\_\_\_

**Our Lady of the Brook  
Credit Card  
Contribution Option**

I (we) authorize Our Lady of the Brook Parish to debit to my (our) credit card indicated below on a monthly bases to be used for my (our) monthly contribution.

This authority is to remain in full force and effect until I (we) revoke the agreement as hereafter provided. Any revocation is effective only after Our Lady of the Brook Parish has received written notification from me (us) to terminate this agreement in such time and manner as to afford a reasonable opportunity to act upon the notice.

I elect to use this payment option

Parishioner Signature: \_\_\_\_\_

Parishioner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Monthly Amount: \_\_\_\_\_

Date of Debit: 15th of the Month

Parish ID Number: \_\_\_\_\_

Start Date: \_\_\_\_\_

**VISA—MASTERCARD**

These forms must be mailed to the parish office:  
**Our Lady of the Brook  
3700 Dundee Road  
Northbrook IL 60062**