

Debit Authorization

I (we) hereby authorize St. Mary's Church, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. **I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of US law.**

(Financial Institution Name) (Address)

(City/State) (Zip)

Type of Account: Checking
Savings
(Routing Number) (Account Number)

Amount of Debit:

*Offertory: _____ Effective Date: _____

Frequency: _____

*Maintenance: _____ Effective Date: _____

Frequency: _____

*Cemetery: _____ Effective Date: _____

Frequency: _____

*Holydays: _____ Effective Date: _____

Frequency: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.