

**AUTHORIZATION AGREEMENT
AUTOMATIC PAYMENTS (ACH DEBITS)**

I (we) hereby authorize St. Joseph Catholic Church hereinafter called COMPANY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name) _____ (Branch)

(Address) _____ (City/State) _____ (Zip)

(Routing Number) _____ (Account Number) Type of Acct: ___ Checking ___ Savings

Amount to be debited \$ _____ Effective Date: ___/___/___

Frequency: ___ Weekly ___ Monthly

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day after the scheduled transfer date.

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!
(Customer Should Receive a Copy)