

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize St. Patrick Church to debit entries to my (our) account indicated below and the financial institution named below, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

_____ (Financial Institution Name) _____ (Branch)

_____ (Routing/Transit Number) _____ (Account Number)

This authority is to remain in full force and effect until St. Patrick Church has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Patrick Church and the above financial institution a reasonable opportunity to act on it.

I (we) direct that:

\$ _____

be withdrawn from my (our) account and deposited in the St. Patrick Church account, on this schedule:

_____ Weekly on (circle one) Mon Tue Wed Thurs Fri

_____ Monthly on the _____ day of the month

_____ Other (please explain) _____
(The church office will notify you whether or not this option is available. Many options are available.)

_____ (Print Individual Name) _____ (Print Individual Name)

_____ (Signature and Date) _____ (Signature and Date)

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM
AND TURN IN TO THE PARISH OFFICE**

This authorization may be cancelled by filling out a cancellation form.