PARISHIONER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Capital Campaign Form ONLY

I (we) authorize Holy Family Catholic Church to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Depositor Name: _____

Phone Number: _____

Bank Name: _____

Bank Routing Number: _____

Account Type: ___ Checking ___ Savings (select one)

Account Number: _____

Amount of debit: _____

Date of First Draft: _____

Frequency: ____15th of the Month _____30th of the month)

(If the date falls on a weekend the payment will be pulled the following business day.)

I (we) understand that this authorization will remain in full force and effect until I (we) notify Holy Family Catholic Church in writing that I (we) wish to revoke this authorization. I (we) understand Holy Family Catholic Church requires at least two weeks prior notice in order to cancel this authorization.

Printed Name: _____

Signature: _____

Date: _____

Return completed forms to: Holy Family Church
Attn: Mary Brandel
PO Box 9
Freeburg, MO 65035