

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Please Print

Parish

Name **Blessed Sacrament Church** Customer ID _____

I (we) hereby authorize **Blessed Sacrament Church** hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account / Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

Name(s) _____

ID Number _____

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Amount to be deposited: \$ _____

Deposit to made on : _____ weekly basis _____ monthly basis

Weekly deposit will be made every Monday morning. Monthly deposits will be made on the first Monday of every month. (If Monday is a legal holiday, deposit will be made on the following Tuesday.)