

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS TO
ST. ANNE CATHOLIC CHURCH
VIA AUTOMATED CLEARING HOUSE (ACH) DEBITS**

St. Anne Catholic Church

Church Tax ID No. 93-0502586

With the attached voided check, I (we) hereby authorize **St. Anne Catholic Church**, hereinafter called CHURCH, to initiate debit entries to my (our) _____ Checking Account or _____ Savings Account (select one) indicated below from the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same amount to St. Anne Catholic Church. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Your Bank's Name _____

Your Bank's Address _____

Your Bank's Routing Number _____
(We can get this from your check)

Your Account Number _____
(Indicate whether Checking or Savings)

Amount of Recurring, Regular Donation to Church \$ _____

Frequency (select one): Weekly/Every Monday _____

Twice Monthly, 5th and 25th days of each month _____

Monthly _____ 5th day, or _____ 25th day

This authorization is to remain in force and effect until the CHURCH receives written notification from me (or either of us) to terminate in such time and manner as to afford the CHURCH and DEPOSITORY a reasonable opportunity to act on it.

Name(s) of Authorized Account Holder _____

Signature(s) _____

Date _____

NOTE: This written debit authorization provides that the CHURCH may revoke the authorization only by notifying the originators (individual and your bank) in the same manner as specified above.

Please remember to attach a voided, personal check.