

ACH Authorization Form

I (we) hereby authorize St. Mary's Church (The Company) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (Bank), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Bank a reasonable opportunity to act on it.

Print Name _____

Address _____

Signature _____ Date ___/___/___

Phone _____ e-mail _____

New Revised Terminated (check one)

Bank Name _____

Bank Address _____

\$ _____ Amount Withdraw 1st of Month 15th of Month Both (2x per month)

\$ _____ Total Amount per month

Routing Number _____ Account Number _____

**Attach Voided Check Here
and Return to the Parish Office**

