

Holy Family Parish
P.O. Box 98
3027 Pearl St.
Oldenburg, IN. 47036
812-934-3013

**Authorization Agreement for Direct
Payments from a bank account**
(ACH Debits)

I (we) hereby authorize **HOLY FAMILY PARISH**, to initiate debit entries to my (our) *CHECKING ACCOUNT* or *SAVINGS ACCOUNT* indicated below at the depository financial institution named below, hereinafter 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.

Please Debit MONTHLY, on the 1st. the following Checking or Savings account as indicated below:

Bank Depository Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Contribution

My Monthly Contribution to Holy Family Church is \$ _____ Box # _____

[] **Checking** Account Number _____ Monthly on the 1st Business Day.

[] **Savings** Account Number _____ Monthly on the 1st Business Day.

The authorization is to remain in full force and effect until Holy Family Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Holy Family Church and DEPOSITORY a reasonable opportunity to act on it.

Name _____
(Please Print) **Signature**

Spouse/other _____
(Please Print) **Signature**

Phone Number: _____

Date _____

Note: All written debit authorizations **MUST** provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

PLEASE PROVIDE A VOIDED CHECK OR DEPOSIT SLIP FOR THE ACCOUNT.