

ST. MARGARET OF ANTIOCH CATHOLIC CHURCH
12025 Route W, Jefferson City, MO 65101
AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) authorize ST. MARGARET OF ANTIOCH CATHOLIC CHURCH to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select one:

___ Checking Account (attach a voided check)

___ Savings Account (attach a savings deposit slip)

at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name (Bank Name): _____

Routing Number _____ Account Number _____

Amount of monthly debit authorized: \$ _____

DEBIT TRANSACTION WILL OCCUR MONTHLY ON 5TH OF EACH MONTH (IF 5TH FALLS ON WEEKEND/HOLIDAY THE DEBIT WILL OCCUR ON THE NEXT BUSINESS DAY)

I (we) understand that this authorization will remain in full force and effect until I (we) notify ST. MARGARET OF ANTIOCH CATHOLIC CHURCH in writing that I (we) wish to revoke this authorization. I (we) understand that ST. MARGARET OF ANTIOCH CATHOLIC CHURCH requires at least two weeks prior notice in order to cancel this authorization. I (we) recognize that it is my (our) sole responsibility and duty to verify my (our) account balance prior to drawing on the account.

Name(s) - Printed _____

Date _____ Signature(s) _____