



**PARISHIONER AUTHORIZATION AGREEMENT
FOR ELECTRONIC FUNDS TRANSFER
ACH Debit Authorization**

I (We) hereby authorize **ST MARY PARISH, OMRO** hereinafter called **COMPANY**, to initiate debit entries to my (our) **CHECKING ACCOUNT** OR **SAVINGS ACCOUNT** indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**.

I (We) are authorizing the deduction of \$_____ on a **MONTHLY** **WEEKLY OR** **BIWEEKLY** basis. I (We) acknowledge that our deduction will always settle to our bank account on a **Monday**; Tuesday if Monday falls on a Federal Holiday. I (We) would like our deduction to begin on **Monday**, _____
Month Day Year

I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (We) further acknowledge by signing this authorization I (We) are bound to the National Automated Clearing House Association's (NACHA) Operating Rules.

 Bank Name () Phone Number Branch #

 Address

 City State Zip

 Routing Number Account Number to Debit

\$ _____
 Amount Frequency Account Type

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.

 Signature Signature

 Printed Name Printed Name

- **Please attach a Voided check with this authorization.**
- **Changes to frequency and/or dollar amount should be provided to JODI HESS, BOOKKEEPER in written format.**

Internal Use Only

Date Received ____/____/_____
 Received By _____

Date Input ____/____/_____
 Input By _____