



St. Mary Church, Winneconne
210 Pleasant Drive
P.O. Box 487
Winneconne, WI 54986-0487
Ph. 920-582-7712

Direct Payment Authorization

I (We) hereby authorize **St. Mary, Winneconne**, hereinafter called COMPANY, to initiate debit entries to my (our)

Select One

Checking Account

Savings Account

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. 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.

Financial Institution Name _____ Branch # (if applicable) _____

Financial Institution Address _____ Financial Institution Phone Number _____

City _____ State _____ Zip _____

Financial Institution Routing Number _____ Your Account Number _____

\$ _____
 Authorized Payment _____ Frequency (Weekly, Bi-weekly, or Monthly) _____

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.

Accountholder Signature _____ Accountholder Signature _____

Accountholder Printed Name _____ Accountholder Printed Name _____

 Date

Internal Use Only

Date Received ___/___/___
 Received By _____