

Debit Authorization

I (we) hereby authorize St. Anne Catholic Church, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address)

(City, State)

(Zip)

(Routing Number)

(Account Number)

Type of Account: ___Checking ___Savings

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Printed Individual Name)

(Signature)

(Envelope Number)

(Date)

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM!

I wish my account to be debited \$_____ on:

_____ a weekly basis* _____ 1st of the month** _____ 15th of the month** _____ 30th of the month**

*weekly transactions will occur on the next business day following the weekend Mass/service.

**If your withdraw date occurs on a weekend or holiday, your funds will be pulled on the next business day.

**In February, the 30th transaction will occur on the 28th, if the 28th is on a weekend/holiday, funds will be pulled the next business day.