

ST. ELIZABETH OF HUNGARY

Debit Authorization

I (we) hereby authorize SAID ENTITY, 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.

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM

(Printed Individual Name) (Signature)

(Printed Individual Name) (Signature)

Date _____ Envelope # _____

I wish my account to be debited: \$_____ on:
____ Weekly ____ Monthly on 1st ____ Monthly on 15th

*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.

DEBIT ENTRIES MADE for Regular Collection ONLY

(PLEASE NOTE - FOR SPECIAL COLLECTIONS PLEASE USE AN ENVELOPE FROM HOME OR CHURCH)