

ACH Debit Authorization Form

(Please Clearly Print All Information)

I hereby authorize St. Joseph's Church to initiate debit entries to my account at my financial institution listed below.

Your Name: _____

Name of Financial Institution: _____

☐ Checking ☐ Savings

Account Number: _____

Routing Number: _____

Debit Amount: _____

Frequency: ☐ Monthly*

Date of First Debit Entry: _____

****Debit entries will be made on the 1st of the month***

I understand and acknowledge that I am in full control of my payment and if at any time I decide to discontinue, I will send **written** notification of such intent to St. Joseph's Church.

Signature

Date