

ACH Authorization Form

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT

In this Authorization Agreement for Preauthorized Payment ("Authorization") the words "We" and "Us" mean "St John the Baptist" (and includes its agents). The words "You" and "Your" mean the person signing below who has agreed for us to debit your account your predetermined amount.

YOU AUTHORIZE US to initiate ACH debit entries to your bank account indicated below in the amount of your predetermined church donations. Please fill in the depository institution information below that will receive and debit such entries to your account identified below.

Bank Detail (ACH)

Bank Name: _____

Bank City: _____

Bank State: _____

Bank Zip: _____

Routing # _____

Account # _____

Account Type: Checking Savings (Check one)

Voided Check: Include Voided Check (Voided check required)

These numbers are located on the bottom of your check as follows:

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆
Routing Number Account Number

Transaction Detail

Donation Amount: \$25 \$50 \$100 Other \$ _____ (Check one)

Frequency: Weekly Bi-weekly Monthly (Check one)

This Authorization becomes effective at the time you execute the form and will remain in full force and effect until we have received written notice of termination or change from you in such time and in such manner as to afford us a reasonable opportunity to act on your notice. You authorize us to initiate a debit entry to your checking account equal to your predetermined donation value. If any ACH Debit entries or checks are returned by your bank as unpaid, you agree to pay a fee of \$25.00 for processing the return.

By signing the below, you acknowledge reading and agreeing to the statements in this authorization.

PRINT NAME _____

SIGNATURE X _____

DATE _____

EMAIL _____

PHONE _____