

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PLEASE NOTE: THIS FORM MAY ONLY BE USED FOR THE GIFT OF TREASURE DONATIONS TO THE PARISH. THIS COVERS ALL OF THE OPERATIONAL EXPENSES OF HOLY ROSARY CATHOLIC CHURCH.

Company Name: **HOLY ROSARY CATHOLIC CHURCH** Company ID Number: **72-0549294**

I/We hereby authorize **HOLY ROSARY CATHOLIC CHURCH**, hereinafter called COMPANY, to initiate debit entries to my/our ___ Checking Account/ ___ Savings Account (**select one**) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account on the 5th or 20th (**circle one**) of each month. I/We acknowledge that the origination of the ACH transactions to my/our account must comply with the provisions of the U.S. law.

The amount of each monthly debit is: \$ _____ General Collection \$ _____ Building Fund

Depository (Bank) Name: _____ Branch: _____
City: _____ State: _____ Zip: _____
Routing Number: _____ Account Number: _____

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. Notice of termination must be sent to:

Holy Rosary Catholic Church
44450 Hwy 429
St. Amant, LA 70774

If you have any questions, please call Cindy Broussard @ (225) 647-5321 ext. 223

The undersigned acknowledge receipt of a copy of this authorization by their signature(s).

Name(s): _____ Signature(s): _____
(Please Print)

Date: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT YOU MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING HOLY ROSARY CATHOLIC CHURCH IN THE MANNER SPECIFIED IN THE AUTHORIZATION.