

Direct Withdrawal Authorization Form



St. James Catholic Church

I hereby authorize **St. James Catholic Church**, hereinafter called CHURCH, to initiate a debit entry for \$_____ weekly _____ monthly _____ from my account indicated below and the financial institution name below, hereinafter called FINANCIAL INSTITUTION. I acknowledge that the origination of the ACH transaction from my account must comply with the provisions of U.S. law.

(FINANCIAL INSTITUTION NAME) (BANKING CENTER)

(ADDRESS) (CITY/STATE) (ZIP)

(ROUTING NUMBER) (ACCOUNT NUMBER)

Type of Account _____Checking _____Savings

This authority is to remain in full force and effect until the CHURCH has received written notification from me of its termination in such time and manner as to afford CHURCH and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Printed Individual Name) (Signature)

(Date)