

## Direct Pay Authorization

I authorize St. Mary's Catholic Church to initiate electronic debit entries to my \_\_\_\_\_ checking account OR \_\_\_\_\_ savings account for my Church Support. This transaction will occur on the 10th of each month.

Amount of MONTHLY debit: \$ \_\_\_\_\_ Month to begin: \_\_\_\_\_, 20 \_\_\_\_\_

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date \_\_\_\_\_ Name [please print] \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PLEASE PRINT) \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_