Debit Authorization Form

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Please complete the following and **enclose a voided check** on the account you want drafted. This will allow electronic transfer of funds from your account to the account of Saint James Catholic Church.

Please check one:

( ) Checking Account No. ­­­                                                   Name of Bank

( ) Savings Account No.                                                             Name of Bank

Please choose to have your account listed above drafted as follows:

( ) Once each month either on              Monday following the first Sunday **or** Monday following the third Sunday.

**OR**

( ) Twice each month on the Monday following the first Sunday and the Monday following the third Sunday.

Amount to be drafted for the General Fund: $

Your signature gives St. James Catholic church permission to draft your account listed above with the information provided by you voided check.

This authorization may be changed at any time. It will remain in effect until you notify St. James Catholic Church in writing that the draft should be changed or discontinued.

Please allow two weeks for the Church and Bank to act upon your instructions. Unless you specify otherwise, the draft will take effect as of the first day of the month following the date you sign the form, provided the bank has had time to act upon your instructions.

W (I) acknowledge that the origination of ACH transactions to our (my) account must comply with the provisions of U.S. Law.

Your signature                                                                                     Date:                                  , 20

Please Print Name: