

Authorization for Direct Payment via ACH (ACH Debit)

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize **Sacred Heart Church Oxford Junction** to electronically debit my (our) PERSONAL account (and, if necessary, electronically credit my (our) account to correct erroneous debits₁) as follows:

Select One:

Checking Account

Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name _____

Routing Number _____

Account Number _____

Frequency and Amount of debit(s) or method of determining amount of debit(s):

Once Monthly (Choose one): on the 10th \$_____ on the 25th \$_____

Twice Monthly (Enter Amount for each date):

\$_____ on the 10th and \$_____ on the 25th

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in person or in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 3 days prior notice in order to cancel this authorization.

Check one of the following:

This is a **new** authorization form. Start Date ___/___/___

This is a **change** to my already existing form. Change to begin ___/___/___

I am **Terminating** this agreement. Effective Date ___/___/___

Signature _____

Name:

(Please Print)

Date _____ Signature(s) _____