

St. Patrick's Catholic Church

ACH Authorization

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| St. Patrick's Catholic Church 214 Prairie Street Bayard, Iowa 50029 |  GUTHRIE COUNTY STATE BANK <i>Connecting Communities</i> | Guthrie County State Bank P.O. Box 8 – Guthrie Center, Iowa 50115 P.O. Box 757 – Panora, Iowa 50216 |
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Please download, fill out this form, sign it, and return it to **GUTHRIE COUNTY STATE BANK**. You must bring with you a copy of a voided check from the account you wish to make the transaction from.

I (we) hereby authorize **ST. PATRICK'S CATHOLIC CHURCH** (through **GUTHRIE COUNTY STATE BANK**, hereinafter called **GCSB**), to initiate debit entries to my (our) account indicated below and the FINANCIAL INSTITUTION named below, hereinafter called FI, to credit the same to **ST. PATRICK'S CATHOLIC CHURCH**. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of the U.S. law.

FI Name: _____ City: _____
(Bank or Financial Institution) (Name of the city the bank is located in)

Bank Routing Number: _____ Account Number: _____
(See sample check below) (See sample check below)

Checking OR Savings (Select only one)

Church Contributions will be debited

Weekly (W) on _____ OR Monthly (M) on the _____ day of each month.
(Example: Friday)

Debits will post the following business day if the normal date falls on a weekend or a federal Monday holiday.

Amount: \$ _____

W (Weekly) M (Monthly)

Start Date: _____
Day Month Year

This authority is to remain in full force and effect until **ST. PATRICK'S CATHOLIC CHURCH** or **GUTHRIE COUNTY STATE BANK (641-332-3014)** has received written or oral notification from me of its termination within two days of the next effective date.

Printed Name: _____

Written Signature: _____ Date: _____