

Precious Blood Parish
1385 W. 6th Street
Jasper, IN 47546
812-482-4461

AUTHORIZATION AGREEMENT FOR ACH DIRECT DEBIT OF CONTRIBUTIONS

Member Name (s): _____ Phone Number: _____

I(we) hereby authorize Precious Blood Church to initiate an ACH Direct Debit of the contributions specified below and if necessary credit entries to correct errors from/to my/ (our) _____ CHECKING _____ SAVINGS (Select one account) indicated at the depository name below, hereinafter called *Depository*. **Effective start date:** _____

Depository (i.e. Bank) Name: _____

Routing Number: _____ Bank Account Number: _____

Amount of Contribution: _____ Weekly (every Monday) _____ Monthly on the 1st

This authority is to remain in full force and effect until Precious Blood Church has received written notification from member of its modification or termination in such a time and in such manner as to afford Precious Blood Church and Depository a reasonable opportunity to act on request.

Please attach a voided check (or voided deposit ticket for savings account) to this form.

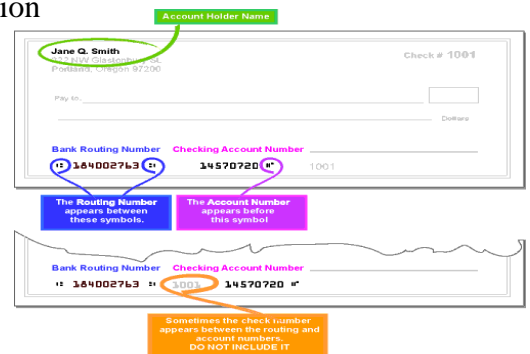
Changes: _____ Change financial institution and /or account number
_____ Change amount of contribution
_____ Cancel participation in the ACH Direct Debit Program
_____ Effective date of change or cancellation

(Signature)

(Date)

(Signature)

(Date)



Fill in your **checking account number** and the **bank routing number**, along with the other required information.

The routing number is simply a number that identifies your bank. This is the first set of numbers at the bottom of your check (9 digits).

Your account number is the second set of numbers.