

To use Direct Debit from Checking/Savings Account, complete this form:

Authorization Agreement for Direct Payments (ACH Debits)

Company name: St. Mark's Parish

I (we) hereby authorize St. Mark's Parish, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Your Bank Name

City _____ State _____
Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (s)

Date _____ Signature

(The routing number is a 9-digit number found at the lower left corner of your check.)

Amount to be charged _____

_____ Weekly (normal date is Tuesday for weekly debits)

_____ Monthly Preferred date _____

This amount is for: _____ Annual Pledge, full or partial payment _____ Second Century
Pledge, full or partial payment
_____ Special Gift (please specify)