

NOTE: If you have no changes at this time or have previously submitted this form you do not need to submit one for this year.

**AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT PAYMENTS**

CHURCH NAME: St. Elizabeth Of Hungary Roman Catholic Church
CHURCH ID NUMBER: 23-1629329

I/We hereby authorize St. Elizabeth of Hungary Roman Catholic Church to initiate debit entries to my/our Checking account/ Savings account (select one) indicated below at the depository financial institution named below, hereafter called BANK, 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.

BANK NAME: _____

BRANCH ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

(Attach voided check if checking account. Attach deposit slip if savings account)

PLEASE DEDUCT FROM THE ABOVE ACCOUNT:

(Please select one or both dates)

\$ _____ .00 ON THE 6TH DAY OF EACH MONTH

\$ _____ .00 ON THE 20TH DAY OF EACH MONTH

BEGINNING ON (DATE) _____

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

PARISHIONER NAME (Please print): _____

CHURCH ENVELOPE #: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.