

DIVINE MERCY PARISH ACH DEBIT AUTHORIZATION AGREEMENT

AUTHORIZATION AGREEMENT — FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)	
COMPANY NAME Divine Mercy Parish	COMPANY ID NUMBER 39-0806354
I (we) hereby authorize <i>Divine Mercy Parish</i> hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.	
DEPOSITORY NAME (1)	BRANCH (Location) (2)
TRANSIT / ABA NUMBER (3)	
CITY, STATE, ZIP (4)	ACCOUNT NUMBER (5)
This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.	
IDENTIFICATION NUMBER (SS#) (6)	IDENTIFICATION NUMBER (SS#) (6)
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)
SIGNATURE	SIGNATURE
DATE	DATE

Please withdraw \$ _____ from my account on the 15th & last day of each month.
(e.g. If you indicate \$50, your total monthly contribution will be \$100.)

Please check here if you no longer wish to receive your monthly contribution envelopes.

1. Depository Name – this is the name of your bank.
2. Branch – this is the location of your bank.
3. Transit/ABA Number – this is the routing # of your bank. This is the 9-digit number located on the bottom left of your checks. If you are requesting that we withdraw this money from a savings account, please contact your bank for this number.
4. City, State, Zip – this is the address for your bank.
5. Account Number – this is the account number you wish us to withdraw your contributions from.
6. Identification Number – this is the social security number of every authorized signer on your account. Each authorized signer must list their social security number, name (both printed & signed) and date this form.

Electronic Funds Transfer (EFT)

- 1. EFT instructs your bank to withdraw a specific amount of money from your account, either checking or savings, twice per month and send it to the parish.**
- 2. This saves you the work of writing checks and filling out your contribution envelope and assures the parish of regular income.**
- 3. In order to begin using this system you only need to complete the form on the back and return it to the parish office.**
- 4. You should expect the first withdrawal on the next 15th or last day of the month if you turn in your completed form at least one week prior to either of these dates.**
- 5. You can discontinue and/or change this arrangement at any time by simply contacting Margaret Nelson in the parish office at 643-2449.**

If you have any questions regarding EFT or the completing of this form, please call Margaret Nelson in the parish office at 643-2449.