

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

(ACH DEBITS)

Below is the authorization form, which gives our financial institution authority to withdraw your payment from your account. **Simply complete the form with your ATTACHED VOIDED CHECK and return to St. Margaret Mary as soon as possible.**

Please keep in mind that we **must received your form two (2) weeks before the effective date** in order to set up the automatic withdrawal. Any payments missed prior to the set up of automatic withdrawal will need to be made by check.

All you need to do is:

1. Indicate whether your payment will be withdrawn from your checking or savings account.
2. Indicate what terms (weekly, monthly, or quarterly) you wish your payment to be withdrawn and when you wish to begin withdrawals.
3. **Attach a voided check (checking) or a Savings deposit slip indicating Bank Routing Number and Account Number for verification of all financial institution information.**
4. **Be sure to sign the form.**

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS)

ST. MARGARET MARY CATHOLIC COMMUNITY

I (we) hereby authorize St. Margaret Mary Catholic Community to initiate debit entries

Checking Account Savings Account (Please select One)

I (we) would like to initiate debit entries:

Effective Date: _____

Stewardship Amount: _____

Weekly (Fridays) Monthly Quarterly (1/1, 4/1, 7/1, 10/1)
 15th Last Day of Month

ATTACH A VOIDED CHECK (CHECKING) OR DEPOSIT SLIP

FROM SAVINGS WITH ROUTING NUMBER & ACCOUNT NUMBER

This authority is to remain in full force and in effect until St. Margaret Mary Catholic Community has received written notification from me (or either of us) at least two (2) weeks prior to its termination/changes in such time and in such manner as to afford St. Margaret Mary Catholic Community and your financial institution a reasonable opportunity to act on it.

NAME (S) _____

(Please Print)

DATE: _____ SIGNED X _____