

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I (we) hereby authorize Holy Trinity Catholic Church to initiate entries to my checking/savings account. This authority will remain in effect until I notify Holy Trinity Catholic Church to cancel it in such time as to afford the church a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

Parishioner information:

Financial Institution (Bank name): _____

City/State/Zip: _____

Routing number _____ (get this off of your check to the left of the account number – it is 9 digits)

Type of Account: ___checking ___Savings (please check one)

Account Number _____

Name on Account _____

Amount: \$ _____

Frequency of transfer: _____

Checking or Savings Account's only....do not put your debit card number nor credit card number.

Name

Signature

Date

Church: (check one)

Holy Trinity _____

Sacred Heart _____

Reeder _____