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AUTHORIZATION AGREEMENT FOR ACH DEBITS
Auto Deduction from your Bank Account to St. Joseph's Parish
for your monthly, semi-annual or annual donation.

COMPANY NAME: St. Joseph Congregation, hereinafter called COMPANY.

I (we) hereby authorize COMPANY, to initiate debit entries to my (our)

checking savings account (select one) in the amount of \$ _____

Frequency _____ (monthly-15th of the month; semi-annual; annual)

Start Date _____

at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Bank/ Credit Union Name _____

City/State/Zip _____

Routing Number _____ Account Number _____

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

Name(s) _____ Date _____

Signed _____ Signed _____

I authorize COMPANY and DEPOSITORY to initiate designated entries to my checking/savings account. This authority will remain in effect until I notify COMPANY or DEPOSITORY in writing to cancel in such time as to afford the COMPANY reasonable opportunity to act.

Also, I agree that I remain obligated to pay COMPANY in the event that a charge to my account is dishonored for whatever reason.

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE COMPANY WITH A DEPOSIT SLIP OR VOIDED CHECK.