

DIRECT CHARGE (ACH DEBITS) AUTHORIZATION FORM

SAINT PETER CHURCH, NORTH RIDGEVILLE

I (we) hereby authorize Saint Peter Church, hereinafter called COMPANY and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic debit entries and if necessary credit entries to my account listed below, I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ (Financial Institution Name)	_____ (Branch)
_____ (Address)	_____ (City, State, Zip Code)
_____ (Routing Number)	_____ (Account Number)

- | | |
|---|--|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Weekly (Each Monday of the Month) |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Monthly (5 th of each Month) |

AMOUNT _____

- | | |
|--|---|
| <input type="checkbox"/> New ACH Debit | <input type="checkbox"/> Revise Current ACH Debit |
|--|---|

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

_____ (Print Individual/Company Name)	_____ (Authorized Signature)
_____ (Print Family Envelope Number)	_____ (Date)

****PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM****