

Consumer Debit Authorization for Direct Payment

(to be used when the debit amount is constant)

I (we) hereby authorize Holy Spirit Catholic Church hereinafter called COMPANY, to electronically debit my (our) account and if necessary, to electronically make adjusting entries (reversals) to my (our) account to correct erroneous debits. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

I (we) certify that the information I (we) provided is correct and that I (we) am an authorized signer or designate of the account provided for the debit transactions and am entitled to provide this authorization.

Financial Institution Information:

Financial Institution Name: _____

Bank Routing Number: _____ (9 digits)

Bank Account #: _____ Checking: Or Savings:

Dates or Frequency of Debits: Monthly on the 15th

Payment Amount: \$ _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Holy Spirit Catholic Church, in writing (e-mail or handwritten) that I (we) wish to revoke this authorization or have any changes in account information. I (we) understand Holy Spirit Catholic Church requires at least five days prior notice in order to cancel this authorization.

Signature: _____ Date: _____

Print Name: _____

Company Contact Information

Company Contact: Holy Spirit Catholic Church Phone #: 308-534-6623

Mailing Address: 2801 West E North Platte, NE 69101

Email: Holy1spirit@allophone.com

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM