

**Holy Spirit Catholic Church**  
**Consumer Debit Authorization for Direct Payment**  
(to be used when the debit amount is constant)

I (we) hereby authorize \_\_\_\_\_, 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: \_\_\_\_\_  
15<sup>th</sup> of the Month

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 hand written) that I (we) wish to revoke this authorization or have any changes in account information. I (we) understand Holy Spirit requires at least five days prior notice in order to cancel this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

<b>Company Contact Information</b>
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Company Contact: Holy Spirit Catholic Church Phone #: 308-534-6623

Mailing 2801 West E North Platte, NE 69101 Email: Holy1spirit@allophone.com

Address: \_\_\_\_\_

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM