

## **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (EFT DEBITS)**

***PLEASE USE THIS FORM FOR YOUR GIFT OF FINANCIAL DONATIONS TO THE PARISH. THIS COVERS ALL OF THE OPERATIONAL EXPENSES OF HOLY ROSARY CATHOLIC CHURCH.***

Church Name: **HOLY ROSARY CATHOLIC CHURCH**

Company ID Number: **72-0549294**

I/We hereby authorize **HOLY ROSARY CATHOLIC CHURCH**, hereinafter called COMPANY, to initiate debit entries to my/our Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account on the date indicated below of each month. I/We acknowledge that the origination of the ACH transactions to my/our account must comply with the provisions of U.S. law.

The amount of each monthly debit is: General Collection \$ \_\_\_\_\_ Building Fund \$ \_\_\_\_\_

Date the amount is to be withdrawn each month (circle): 5<sup>th</sup> or 20<sup>th</sup>

Name of Bank: \_\_\_\_\_

Bank Location: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (circle): Checking or Savings      **\*\*ATTACH A VOIDED CHECK FROM THE BANK ACCOUNT**

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Notice of termination must be sent in writing to:

Holy Rosary Catholic Church  
44450 Hwy. 429  
St. Amant, LA 70774  
Or: jlambert@olohr.com

If you have any questions, please call the Parish Bookkeeper at (225) 647-5321

The undersigned acknowledge receipt of a copy of this authorization by their signature(s).

Name(s): \_\_\_\_\_  
(Please print)

Signature(s): \_\_\_\_\_

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

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT YOU MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING HOLY ROSARY CATHOLIC CHURCH IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**