



ST. THOMAS MORE CATHOLIC CHURCH

**3000 12TH AVENUE
CORALVILLE, IA 52241
(319) 337-2173**

Recurring ACH Payment Authorization

I _____ authorize St. Thomas More Catholic Church to charge my bank account indicated below for \$_____ on the tenth business day of each month for their Capital Campaign collection (Blue Envelopes).

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

☐ Checking ☐ Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. Thomas More Catholic Church in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

(Account Holder's Signature)

DATE _____