## Authorization Agreement for Automatic Debits (ACH debits)

I (we) hereby authorize ST. MARIA GORETTI CHURCH to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to (our) ( ) Checking ( ) Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to each account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U>S. law and all NACHA rules and regulations.

DEPOSITORY NAME			
BRANCH			
CITY	STATE	ZIP	
TRANSIT/ABA NO			
ACCOUNT NUMBER			
AMOUNT OF PAYMENT			
FREQUENCY OF PAYMENT(MONTHLY)(WEEKLY)	), select one		
DATE TRANSFERS ARE TO START			
This authority is to remain in full force and effect until ST. MARIA its termination in such time and in such manner as to afford ST. Mon it.			
NAMES(S)(Please print)			
DATE SIGNED X			
SIGNED X(If joint account both own	ners must sign)		

\*\*\*ATTENTION CHURCH MEMBER\*\*\*

Please attach a VOIDED check or deposit ticker to this form for processing and submit this authorization agreement to the Church office.