

CONSUMER AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)

St. Joseph Church
4011 Alexandria Pike
Cold Spring, KY 41076

I (we) hereby authorize St. Joseph Church, herein after called "Church", to initiate debit entries to my (our) Checking / Savings (circle one) account indicated at the financial institution named below, and to debit the same to such account.

This authorization is valid for withdrawal of \$_____ (amount) that will occur monthly on the 1st / 15th / 30th (circle one) day of the month.
(or enter specific withdrawal information here:_____)

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the United States law.

This authorization is to remain in effect until the Church has received written notice from me (or either of us) of its termination in such time and in such manner to afford the Church and financial institution a reasonable opportunity to act on it.

Bank Routing #: _____ Account #: _____

City: _____ State: _____

If joint account:

Name (Print): _____ Name (Print): _____

Signature: _____ Signature: _____

Date: _____ Date: _____

CHECK ONE: { } ADD – Charge my account as shown above

I am currently participating in the Direct Payment Program

{ } CHANGE – Change my financial institution and/or account number.

{ } CANCEL – Stop my participation in the program.

TAPE YOUR VOIDED CHECK HERE

A copy of this Authorization for Direct Payment (ACH Debits) will be retained by the Church for a period of two years following its date of termination either by the consumer or the Church. Copies of this authorization will be provided to any related party within 60 days of receipt of a written request.

Initials of Church Contact reflect that a copy of this authorization has been provided to consumer. _____