

AUTOMATED COLLECTION AUTHORIZATION FORM

Authorization Agreement for Pre-arranged Payments (Debits)

I _____ hereby authorize Immaculate Conception Catholic Church to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) ☼ Checking; ☼ Savings account (select one) at the depository financial institution listed below, and to credit the same to such account.

Bank/Credit Union Name _____

Branch: _____ **City** _____ **State** _____

Bank/Credit Union Routing Number _____

Account Number _____

Amount to be Debited \$ _____

Frequency: ☼ Monthly ☼ Semi-Monthly

If monthly, please debit this account on the:

☼ 5th of the month ☼ 20th of the month

This authorization is to remain in full force and effect until Immaculate Conception Catholic Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Immaculate Conception Catholic Church and the bank/credit union listed above a reasonable opportunity to act on it.

Printed Name(s) _____

Signature

Date

(PLEASE ATTACH A VOIDED CHECK)