

DIRECT CHARGE (ACH DEBITS) AUTHORIZATION FORM

Company Name: Holy Spirit Parish

I (we) hereby authorize Holy Spirit Parish, hereinafter called COMPANY and the depository financial institution names below, hereinafter called DEPOSITORY, to initiate electronic debit entries, and if necessary, credit entries to my account listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ (Financial Institution Name)	_____ (Branch)
_____ (Address)	_____ (City, State, Zip Code)
_____ (Routing Number)	_____ (Account Number)

- Checking Account
- Savings Account

- Weekly (Monday of each week)
- Monthly (5th of the month)

AMOUNT _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

_____ (Print Individual Name)	_____ (Authorized Signature)
_____ (Print Family Envelope Number)	_____ (Date)

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM