

Sacred Heart Catholic Church
Blessed Trinity Catholic Parishes Office
PO Box 195
Bancroft, IA 50517-0195
AUTHORIZATION AGREEMENT
FOR AUTOMATIC WITHDRAWALS (ACH DEBITS)

PARISHIONER NAME:

For Office Use Only

ID #

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE:

I hereby authorize **Sacred Heart Catholic Church, Ledyard, Iowa** to initiate debit entries for withdrawals from the bank account listed below. This includes authorization to reverse any entries made in error.

I authorize withdrawals as indicated below:

AMOUNT \$ _____

Monthly on the 15th of the month beginning: _____

Financial Institution Name:

Financial Institution Location:

Transit/ABA Number:

Account Number:

_____ Checking

_____ Savings

This authority is to remain in full force until **Sacred Heart Catholic Church, Ledyard, Iowa** has received written notification from me of its termination in such timely manner as to afford the parish and the Financial Institution a reasonable opportunity to act on it.

SIGNATURE:

Printed Name:

Date:

Questions - Call Judy Vaske, Business Manager at 712-899-0336

Please attach a voided check for the account named above