



Authorization for Direct Deposits (ACH Debits)

TO: Stella Maris Catholic Parish

I (or we) hereby authorize Stella Maris Parish Corp. (the "Parish") to initiate debit entries to my (or our) **checking account / savings account** (select one) with routing and account numbers set out below and at the financial institution set out below. I (or we) acknowledge that the origination of ACH transactions from my (or our) account must comply with the provisions of all applicable laws.

Name of financial institution:

City: State:

Routing Number: Account Number:

Dollar Amount: to be debited monthly on the 15th day of each month (or on the next succeeding business day if financial institutions are closed on the 15th).

This authorization is to remain in full force and effect until the Parish has received at least 10 days' advance notice from me (or from either of us) of its termination.

Name(s) of Account Holder(s):

Date:

Signature(s) of Account Holder(s):

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