



ST. GENEVIEVE CHURCH

417 East Simcoe, Lafayette, LA 70501 + (337) 234-5147 + Fax (337) 234-8654 + Email: stgenevieve@cox.net

ACH AUTHORIZATION FORM

**Congregation of St. Genevieve Roman Catholic Church
417 E Simcoe St
Lafayette, La 70501**

I (we) hereby authorize the Congregation of St Genevieve Roman Catholic Church , hereinafter called COMPANY, to initiate a debit entry to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and, if necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Depository Name Branch

City State Zip

Routing Number Account Number

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

Name - (PLEASE PRINT)

Signature Date

Set Amount: _____

Day of the month: 1st _____ 15th _____

Transaction Begin Date: _____

Transaction End Date: _____

*****After filling in automatic deposit form and signing, please place in collection basket or mail to the address above.**

NOTE: In the case of revoked authorization, all written authorization may be revoked only by notifying the originator in writing no later than 15 days before the next transaction effective date.