

Authorization Agreement for Direct Payment

I (We) hereby authorize **Our Lady of Good Hope Parish** to initiate debit entries to my (our)

(Select one) Checking account or Savings account

indicated below and the financial institution named below to debit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of all applicable State and Federal laws and regulations.

Financial Institution Name _____

Address _____

City _____ State ____ Zip _____

Routing Transit Number _____ Account Number _____

This authority is to remain in full force and effect until **Our Lady of Good Hope Parish** has received written notification from me (or either of us) of termination of this authorization in such time and in such manner as to afford **Our Lady of Good Hope Parish** and the Financial Institution a reasonable opportunity to act on it.

Name(s) _____

Signature _____ Date _____

Signature _____ Date _____

Your church envelope number _____

Amount of withdraw \$ _____

Date of withdraw: 1st day of month

(select one)

15th day of month

Both the 1st and 15th of the month

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM