

Saint Martha Parish



Authorization for Direct Debit of Contributions

I (we) authorize St. Martha Parish to initiate direct debit of the amount and for the frequency as specified below from the account listed. I (we) understand that the funds will be contributed on my (our) behalf to the parish offertory fund. This authorization will remain in effect until modified or cancelled in writing. By signing below, I (we) represent that I am (we are) the legal owner of the account and am (are), therefore, authorized to make this request. I (we) understand that it is my (our) responsibility to ensure that any payments which are direct debited to the account are in accordance with the authorization in effect at the time and that any amounts that are direct debited without my (our) express authorization will promptly be refunded by St. Martha Parish upon my (our) notification. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Please note: All personal information is kept confidential.

Contribution Information

New Enrollment Change in Enrollment Cancellation of Enrollment (Check one)

Please deduct \$ _____ from the below listed bank account each (check one)

Week Month Quarter One Time Donation effective on ___/___/____. Note: Weekly payments will be taken on Fridays, Monthly and Quarterly payments will be deducted on the 3rd of the month.

Bank Information

(Please attach a voided check for a Checking Account, or a Printed Deposit Slip for a Savings Account)

Account Type: Checking Savings

Bank Transit Number (9 digits) _ _ _ _ _ (See Diagram on Back)

Account Number

Name(s) (Printed): _____

Envelope #: _____

Account Holder(s) Signature / Date:

Directions for Cancelling an ACH Debit Enrollment:

Please fill out this form with the "Cancellation of Enrollment" box filled in. Return (in a sealed envelope) to the Parish Rectory, Attention: Sue Koprucki. Cancellations will take 1-2 weeks to process. If you would like to make a temporary stop in your ACH Debit, please include information regarding when you would like it to resume. Please note: no changes will be made without written consent via this form.

Check Number

1234

John Smith
4567 E. West St.
Anywhere, EARTH

Date _____

Pay to the order of: _____ \$

Dollars

Bank Name

For: _____ signature

⑆ 121212121 ⑆ 1234 ⑆ 01234567 ⑆

Bank Routing Number

Account Number

