

St. George Church

Linn, MO 65051

Authorization Agreement for Electronic Church Contributions

Parishioner:

Name(s): _____ Envelope # _____

Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Financial Institution / Account Information **CHECKING** **SAVINGS**

Name: _____

Address: _____

City / State / Zip: _____

Routing #: _____ Account #: _____

Debits to the above account in the amount of : \$ _____ will be made:

(CHECK ONE)

- Monthly on the 3rd of each month
- Monthly on the 18th of each month
- Weekly on Monday of each week (Funds will be transferred on Tuesday when Monday is a holiday)

I / We hereby authorize St. George Church to initiate debit entries to my / our account indicated above at the financial institution indicated above and to debit the same to such account. I / We acknowledge that the origination of ACH transactions to my / our account must comply with provisions of U.S. law.

This authorization will remain in full force and effect until St. George Church has received written notification from me / us of its amendment or termination in such time and in such manner as to afford St. George Church a reasonable opportunity to act on it. In the event St. George Parish debits this account erroneously, I / we authorize St. George Church to credit the account for an amount not to exceed the original transaction. I / We recognize it is my / our sole responsibility and duty to verify that the account has sufficient funds to honor the debit entry.

X _____ X _____
Authorized Signature Authorized Signature

Date effective: _____ ***This is an adjustment to a current agreement***

**** Please attach a voided check or savings deposit ticket here****