



St. Anthony's Catholic Church

1660 Elm St.
Forest Grove, OR 97116
503.357.2989, 503.357.2217 (Fax)
www.stanthonysforestgrove.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Parishioner Name(s) _____

Envelope Number _____

Amount Weekly \$ _____ or Amount Monthly \$ _____

I (we) hereby authorize St. Anthony's Catholic Church hereinafter called CHURCH, to initiate debit entries to my (our) (*select one*) ___ **Checking Account** ___ **Savings Account** indicated below at the depository financial institution named below, hereinafter called BANK, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Your Bank Name _____

Your Branch _____

Branch Address _____

City _____ State _____ Zip _____

Routing Number _____

ATTACH BLANK
VOIDED CHECK
HERE

Account Number _____

Note: Please attach a voided check so we can verify the routing and account numbers. If you do not know your routing and account # s, we will enter them from your voided check.

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

Today's Date _____

Your Signature(s) _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.