



AUTOMATIC BANK ACCOUNT PAYMENT AUTHORIZATION FORM

I hereby authorize St. Christopher Church to initiate Automated Clearing House (ACH) debits for the payment of my Offertory Commitment from the checking/saving account listed below.

I understand that this transfer will be made as indicated below. Thirty (30) days written notice is required if I choose to cancel this authorization. I further understand that if funds are not available for the withdrawal, a \$25.00 Insufficient funds fee will be passed along.

Check one: NEW ACCOUNT OR CHANGE FORM

PARISHIONER'S NAME: _____

BANK NAME: _____

ACCOUNT TYPE: (check one): Checking: ___ Savings: ___

AMOUNT TO BE WITHDRAWN (select one method):

- **MONTHLY:** (Made in two EQUAL withdrawals):
 - 1st of the month: \$ _____ + 15th of the month: \$ _____ = TOTAL per month: \$ _____
- **QUARTERLY:** (Made in four EQUAL withdrawals):
 - Jan. 15: \$ _____ + April 15: \$ _____ + July 15: _____ + Oct. 15 _____
 - = Total per yr: \$ _____
- **SEMI-ANNUALLY:** (Made in two EQUAL withdrawals):
 - Jan. 15: \$ _____ + July 15: _____ = TOTAL per year: \$ _____
- **ANNUALLY:** (One withdrawal):
 - each January 15: \$ _____

ACCOUNT NUMBER: _____

ROUTING & TRANSIT NUMBER (9 digits): _____

NAME(S) ON THE ACCOUNT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE(s): _____ ENVELOPE NUMBER: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

NOTE: PLEASE ATTACH A VOIDED CHECK IF THIS IS A NEW ACCOUNT!

Return to Marie Schwab, Business Manager in the parish office.