

All Saints Catholic Church

3205 East Grand, Wichita, KS 67218 (316-682-1415)

Authorization Agreement for Direct Payments (ACH DEBITS)

Company Name: All Saints Catholic Church. I (WE) HEREBY AUTHORIZE

All Saints Catholic Church, hereinafter called COMPANY, to initiate debit entries to my (our) ___ **checking account/**
___ **savings accounts** (select one) indicated by the attached voided deposit slip or check. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Amount to be debited: _____ for

Choose one option: Option 1: ___ **weekly** (day of the week to be withdrawn) _____

Option 2: ___ **bi-weekly** (day of the week to be withdrawn) _____

Option 3: ___ **monthly** (date of month to be withdrawn) _____

THANK YOU FOR YOUR GENEROSITY: *Your contribution is tax deductible. We will send your contribution statement at the beginning of the calendar year for your tax purposes.*

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

Name(s) _____

Signature _____

Date _____

Email: _____

PLEASE INCLUDE A VOIDED CHECK FOR PROCESSING. THANK YOU!