



ST. MARY CHURCH
1802 Madison Avenue
Edwardsville, IL 62025
Phone: 618-656-4857 Fax: 618-656-1715

Authorization Agreement for Direct Payments

General Fund _____ **Annual School Fund** _____

Capital Campaign _____

Company Name: St. Mary's Church Company ID Number: 37-0661113

I/We hereby authorize St. Mary's Church, hereinafter called COMPANY, to initiate debit entries to my (our) ___ Checking ___ Savings account (select one) indicated at the depository financial institution named below, hereinafter called DEPOSITORY, 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 the U.S. law.

Depository Name _____

Routing Number _____ Account No _____

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

Name _____ Date _____

Signature _____ Debit Amount \$ _____

Please circle which date you would like: 3rd of the month or 20th of the month

This amount will not change. The automatic debit entry to your account will be on the third business day of each month or the twentieth business day of each month for the amount above and will be for 12 consecutive months. If your account does not have sufficient funds to cover the automatic debit, the transaction will reject, and you may be charged a fee.

Please attach a voided check or deposit slip to this form.