

AUTHORIZATION FOR ACH DIRECT PAYMENT

I authorize First National Bank South Dakota to initiate debit entries to my checking/savings account. This authority will remain in effect until I notify Holy Family Catholic Church to cancel in writing. I can stop the transfer of any entry by notifying Holy Family Catholic Church at least five (5) business days before my account is to be debited. First National Bank South Dakota also reserves the right to revoke this transfer and Holy Family Catholic Church will notify me at least 14 days prior to the scheduled date of processing.

TRANSFER AMOUNT \$ _____
Church Support _____
Church Improvement _____

START DATE: _____
5th of the month _____
20th of the month _____
or both _____

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)

Financial Institution Routing Number _____

Account Number _____ Checking _____ Savings _____
(PLEASE PROVIDE A VOIDED CHECK)

Do you wish to continue receiving monthly contribution envelopes? Yes _____ No _____
Envelope # _____

(SIGNATURE)

(DATE)

(NAME – PLEASE PRINT)

(STREET)

(CITY, STATE, ZIP CODE – PLEASE PRINT)

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Return completed form to the Holy Family Church Office