

# St. John Catholic Church

## Payment Authorization Form (ACH)

Church, School or Diocese Name: <b>St. John Catholic Church</b>	
Name on Account (please print):	Account Holder's Phone #:
Address:	
City, State and Zip:	
I authorize the Following: <input type="checkbox"/> New Payments from Account Specified below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from account or fund specified below.	

Bank Account Information (use a separate Form for each account)
Bank Name:
Account Type: <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings (attach deposit slip)
Routing Number:
Account Number:
Authorization Effective Date:

Contribution Schedule					
Fund Type	Payment Schedule	Amount	Payment Start Date	Withdrawal Date	
Sunday	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually	\$		<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15th <input type="checkbox"/> None	
Capital Improvement	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually	\$		<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15th <input type="checkbox"/> None	
Other-(Specify)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually	\$		<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15th <input type="checkbox"/> None	

I authorize St. John Catholic Church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable written change or cancellation notice to terminate authorization. I understand there will be a **\$25.00** nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: \_\_\_\_\_ Date: \_\_\_\_\_