

ST. FRANCIS OF ASSISI CATHOLIC CHURCH
ACH Monthly Authorization Form

This form is to be completed if you would like to make monthly contributions to St. Francis with the funds being automatically deducted from your checking or savings account.

To enroll in Direct Debit, simply fill out the form at the bottom of the page and attach a **Voided Check** – not a deposit slip. Mail or drop this form at the front desk along with a Voided Check to:

St. Francis Church
Attn: Controller
2450 NE 27th St.
Bend, OR 97701

Your checking or savings account will be debited on the 20th of each month. If you have any questions, please contact the Parish Controller at 541-382-3631.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: St. Francis Church Company ID Number 56-2302037

I (we) hereby authorize St. Francis Church, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below 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 provision of the U.S. law.

Depository Name: _____ Branch _____
City: _____ State: _____ Zip _____
Routing Number _____ Account Number _____

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) _____ \$ _____ /monthly
Date: _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATON ONLY BY NOTIFYING THE ORIGINIATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH VOIDED CHECK HERE