

DIRECT DEBIT AUTHORIZATION

I (we) hereby authorize **St. Joan of Arc Catholic Church**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for **REGULAR SUNDAY CHARITABLE CONTRIBUTIONS**.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Financial Institution Name

Branch

Address

Routing Number

Account Number

Type of Account: ___ Checking ___ Savings

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name

Signature

St. Joan of Arc Envelope Number

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

- All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.
- Single entry reversals do not require authorization by the Receiver. Therefore, previously recommended language regarding the initiation of possible credit entries is no longer stated in the authorization
- The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.

PLEASE CHECK ALL THAT APPLY:

Please debit my account in the amount of \$_____

_____ Once a month on the 15th _____ Once a month on the 30th

_____ Twice a month on the 15th and 30th

_____ Please discontinue sending me contribution envelopes, I will contribute to second collections with a loose check.