



# SAINT FRANCIS OF ASSISI PARISH

PO Box 839 – 264 South Grant Street

Ellsworth, Wisconsin 54011

Phone (715) 273-4774

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## ACH AUTHORIZATION AGREEMENT

### AUTHORIZATION AGREEMENT

I hereby authorize St. Francis Parish to initiate automatic debts from my account at the financial institution named below with the frequency specified and to transfer these amounts beginning on the First Transaction Date, all as specified below. This authorization is subject to Bank Rules and regulations governing accounts.

This agreement will remain in effect until St. Francis Parish receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

### ACCOUNT INFORMATION

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

First Transaction Date: \_\_\_\_\_

Amount you would like deducted: \$ \_\_\_\_\_

Please circle the frequency you would like the transaction to take place.

Weekly: Every Thursday

or

Monthly: 1st of the Month

15th of the Month

20th of the Month

### SIGNATURE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check and return.