ST. LUKE CATHOLIC CHURCH
ACH DEBIT AUTHORIZATION AGREEMENT

I (we) hereby authorize *St. Luke Catholic Church* to initiate debit entries to my (our) checking/savings account as indicated below. This authorization shall remain in effect until I (we) notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I (we) can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(Name of Financial Institution) (Branch)

(City) (State) (Zip Code)

(Signature) (Date)

(Name ï Please Print)

(Address ï Please Print)

Account No.: _____ Checking ☐ or Savings ☐

Financial Institution Routing No.: _____

Please withdraw $_____ from my account on: 15th of Month ☐
30th of Month ☐
15th and 30th of Month ☐

Effective: _____

PLEASE PROVIDE A VOIDED CHECK WITH THIS AUTHORIZATION.

RETAIN FOR YOUR RECORDS

On _____, I authorized *St. Luke Catholic Church* to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to *St. Luke Catholic Church, 1240 Nachreiner Avenue, Plain, WI 53577.*

Payment Amount: $_____

On: 15th of Month ☐
30th of Month ☐
15th and 30th of Month ☐