AUTHORIZATION AGREEMENT Debit Authorization (PPD—Prearranged Payment)

I (We) authorize St. Ann's Catholic Church of Lexington, Nebraska to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits) as follows
Checking Account
(select one)
Savings Account
at the depository financial institution named below ("DEPOSITORY"). I (We) agree that ACH transactions I (we) authorize comply with all applicable law.
DEPOSITORY Name (Name of Your Bank)
ROUTING Number
ACCOUNT Number
AMOUNT of Debits(s) or method of determining amount of debit(s); [or, specify range of acceptable dollar amounts authorized]:
DATE(s) please circle: and / or Frequency of Debit(s) 5th 10th (15th) 20th 25th of the month
Frequency of Debit(s) / time per month
I (We) understand that this authorization will remain in full force and effect until I (we) notify St. Ann's
Catholic Church of Lexington, Nebraska in writing that I (we) wish to revoke this authorization. I (We) understand that St. Ann's Catholic Church of Lexington, Nebraska requires at least two (2) weeks prior
notice in order to cancel this authorization.
NAME(s)
(please print)
(please print)
SIGNATURE(s)
DATE