

AUTHORIZATION AGREEMENT
DIRECT PAYMENT (ACH DEBIT)

SAINT AUGUSTINE PARISH
43 ESSEX STREET
ANDOVER, MA 01810

I (we) HEREBY AUTHORIZE SAINT AUGUSTINE PARISH, HEREINAFTER CALLED COMPANY, TO PROCESS DEBIT ENTRIES TO MY (OUR) ACCOUNT INDICATED BELOW AT THE FINANCIAL INSTITUTION NAMED BELOW, HERINAFTER CALLED FINANCIAL INSTITUTION.

(FINANCIAL INSTITUTION NAME) (BRANCH)

(ADDRESS) (CITY AND STATE) (ZIP)

(ROUTING NUMBER) (ACCOUNT NUMBER)

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____

THE AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE CHURCH HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD THE CHURCH AND FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

IT IS MY (OUR) INTENTION THAT A DEDUCTION OF \$ _____ BE TAKEN FROM THIS ACCOUNT _____ TIMES PER YEAR AND FORWARDED TO ST. AUGUSTINE CHURCH, ANDOVER, MA.

(PRINT INDIVIDUAL NAME) (SIGNATURE)

(PRINT INDIVIDUAL NAME) (SIGNATURE)

(CHURCH ENVELOPE NUMBER) (DATE)

Please attach a voided check to this form!