AUTHORIZED AGREEMENT FOR DIRECT WITHDRAWALS

(ACH DEBITS)

FOR Our Lady of Holy Rosary Parish OR St. Leo Parish

Offertory Donations

I (we) hereby authorize ___**Our Lady of Holy Rosary Parish** ___**St. Leo Parish** (select one) hereinafter called **COMPANY** to initiate debit entries to my (our) checking or savings account as indicated below at the depository financial institution named below, hereafter called **DEPOSITORY** and to debit the same to such account. I (we) acknowledge that the origination of ACH Transactions to my (our) account must comply with the provisions of U.S. Laws as well as ACH Rules and Regulations. I (we) understand that the minimum weekly and/or monthly debit amount is $1.
I understand that if two transactions are returned as a result of my (us) not having sufficient funds, I (we) will not be allowed to participate in this program for 6 months.

Please Print:

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Checking/Savings (Circle One)

This authorization 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 in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Name(s): _____

☐ Add a new Direct Withdrawal: Debit Amount $: _____ Frequency: _____
(Monthly or Weekly): Monthly deductions begin the last Monday of the month or the next business day following the last of the month.
Weekly deductions begin on Monday.
If the last of the month or weekly deduction falls on a holiday or weekend, the transaction will occur the next business day.

☐ Change an existing Direct Withdrawal:
Debit amount changed from: $ _____ to $ _____
Frequency changed from : _____ to _____

☐ Delete a Direct Withdrawal:
Termination date (not to exceed 14 days in advance) _____

Date: _____ Signature: _____

Note: Debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. I (we) understand and agree that financial institution shall have no responsibility for the correctness of the amount and that any discrepancy in the amount shall be handled directly with Our Lady of Holy Rosary & St. Leo Parishes.

PLEASE RETURN COMPLETED FORM TO 189 N Main Street Rochester NH 03867