

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Church Name St. Fabian Catholic Church

St. Fabian Tax ID NUMBER 464470174

I (we) hereby authorize St. Fabian Catholic Church, hereinafter called St. Fabian, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debt/credit entries in error to my (our) (select one)

Checking

or

Savings Account

Indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME (Your Bank or Credit Union) _____

TRANSIT/ABA NO. _____
(The routing number)

ACCOUNT NO. _____

<p>ST. FABIAN REGULAR COLLECTION AMOUNT TO BE DEBITED \$ _____ on the first and/or fifteenth of each month.</p> <p>Date(s) transaction is to be made (PLEASE CHECK ONE OR BOTH)</p> <p><input type="checkbox"/> FIRST OF EACH MONTH</p> <p><i>and/or</i></p> <p><input type="checkbox"/> FIFTEENTH OF THE MONTH</p>
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<p>YOU MAY ALSO HAVE YOUR ACCOUNT DEBITED ON THE FIRST OF EACH MONTH FOR THE ST. FABIAN BUILDING FUND.</p> <p><input type="checkbox"/> YES I would like to have \$ _____ debited on the 1st of the month from the above account for the St. Fabian Building Fund.</p> <p><input type="checkbox"/> NO I do not wish to have my account debited for the building fund.</p>
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<p>YOU MAY ALSO HAVE YOUR ACCOUNT DEBITED FOR THE ST. VINCENT DE PAUL SOCIETY.</p> <p><input type="checkbox"/> YES I would like to have \$ _____ debited on the Monday after the 5th Sunday (only those months with 5 Sundays) from the above account for the St. Vincent de Paul Society.</p> <p><input type="checkbox"/> NO I do not wish to have my account debited for the St. Vincent de Paul Society</p>
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This authority is to remain in full force and effect until St. Fabian Catholic Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Fabian Catholic Church and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) as on account _____

DATE _____

Print Name _____

Signed _____

DATE _____

Print Name _____

Signed _____

Phone number(s) _____

Email Address _____

NOTE: Please return this authorization along with a **VOIDED CHECK** on your account to:

St. Fabian Catholic Church
5266 Old Hwy. 11, Suite 70-214
Hattiesburg, MS 39402