

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)**

**New Authorization** \_\_\_\_\_ **Revised Authorization** \_\_\_\_\_ **(Please check one)**

Company Name St. Patrick Co-Cathedral

Company Address 215 N 31<sup>st</sup> St. City Billings State Montana Zip 59101

I (we) hereby authorize St. Patrick Co-Cathedral, to initiate debit entries to my (our) Checking Account / Savings Account (circle one) indicated below at the depository financial institution named below, 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. Law.

Depository (Bank) Name: \_\_\_\_\_

Branch \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Payment Information:**

Transfer & Amount \_\_\_\_\_ For Credit to \_\_\_\_\_

Monthly Date of Transfer 1<sup>st</sup> and/or 15<sup>th</sup> (circle one) Beginning (month) \_\_\_\_\_

This authorization replaces all previous authorizations St. Patrick Co-Cathedral may have on file for the above transaction. This authorization is to remain in full force and effect until St. Patrick Co-Cathedral has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Patrick Co-Cathedral and \_\_\_\_\_ (bank) a reasonable opportunity to act on it.

Name (s) \_\_\_\_\_ Env. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Continue receiving envelopes in the mail?      Yes                  No      (circle one)

E-Mail \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please attach voided check.

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)**

New Authorization     X     Revised Authorization \_\_\_\_\_ (Please check one)

Company Name     St. Patrick Co-Cathedral    

Company Address     215 N 31<sup>st</sup> St.     City     Billings     State     Montana     Zip     59101    

I (we) hereby authorize St. Patrick Co-Cathedral, to initiate debit entries to my (our)     Checking Account     Savings Account (circle one) indicated below at the depository financial institution named below, 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. Law.

Depository (Bank) Name: \_\_\_\_\_ My bank \_\_\_\_\_

Branch \_\_\_\_\_ Bank Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number     05140889     Account Number     000123456789    

**Payment Information:**

Transfer & Amount \_\_\_\_\_ For Credit to \_\_\_\_\_

Monthly Date of Transfer     1<sup>st</sup>     and/or 15<sup>th</sup> (circle one) Beginning (month) \_\_\_\_\_

This authorization replaces all previous authorizations St. Patrick Co-Cathedral may have on file for the above transaction. This authorization is to remain in full force and effect until St. Patrick Co-Cathedral has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Patrick Co-Cathedral and \_\_\_\_\_ My Bank \_\_\_\_\_ (bank) a reasonable opportunity to act on it.

Name (s) \_\_\_\_\_ My Name \_\_\_\_\_ Env. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Continue receiving envelopes in the mail? Yes  No  (circle one)

E-Mail \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please attach voided check.

