

# SACRED HEART KNANAYA CATHOLIC PARISH

## *ACH DEBIT AUTHORIZATION FORM*

PLEDGE AMOUNT \$ \_\_\_\_\_ /per month / quarter / year

TO BE DEBITED FROM MY ACCOUNT ON THE \_\_\_\_\_ OF EACH MONTH

<b>AUTOMATIC DEBIT AUTHORIZATION FORM</b>		
Company Name Sacred Heart Knanaya Catholic Parish	611 Maple Sreet, Maywood, IL 60153	
I (we) authorize <u>Sacred Heart Knanaya Catholic Parish (SHKC)</u> , hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account at the frequency specified above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.		
<b>Depository Name</b>	<b>Branch</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Routing Number</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>Account Number</b>		
This authorization is to remain in full force and effect until COMPANY has received <b>written notification</b> 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.		
<b>NAME(S)</b>	<b>ID NUMBER</b>	
<b>DATE</b>	<b>SIGNATURE &amp; TITLE</b>	
<b>NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.</b>		

Form can either be mailed to: Sacred Heart Knanaya Catholic Parish, 611 Maple Street, Maywood, IL 60153  
or faxed to (708) 489-6303, Attn: Jacob Mutholam