

Immaculate Conception Automatic Tithing

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Immaculate Conception Company ID Number: _____

I (we) hereby authorize Immaculate Conception hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account indicated below at the depository financial institution named below, hereafter call 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 provision of U.S. law.

Depository Name _____ ABA/Routing Number _____
(your bank or financial institution) (see below)

City _____ State _____ Zip _____ Checking Savings Account Number _____

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 a reasonable opportunity to act on it.

Name _____ ID Number _____

Date _____ Signature _____

Please indicate amount and timing below:

Monthly (The first of each month) Amount _____

Weekly (Every Friday) Amount _____

If possible, attach a blank deposit slip or voided check. Return this signed form to Deacon Joe either by mail or by placing in the collection basket. For those forms turned in before May 15, 2005, automatic tithing will begin on the first Friday of June, 2005. After that it will take about two weeks to sign up for auto-tithing. Please let Deacon Joe know in writing if you wish to change your contribution or cancel your contributions. It will take about 2 weeks to do either. Thanks for your participation.



ROUTING NUMBER

ACCOUNT NUMBER