

St. Mary Catholic Church of Ashland St. Joseph Catholic Church of Greenwood

ACH Authorization Agreement for Electronic Donations

In response to God's provision in my life, I establish this electronic fund transfer agreement to provide consistent financial support for His work through the ministry of the Church.

(Please Print) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

1. I wish to make the following ongoing monthly commitment, as a donation to be made to:
- St. Mary Catholic Church of Ashland St. Joseph Catholic Church of Greenwood

2. Electronic Payment will be made **on the 5th of each month.**

Total Amount per Month: \$ _____

3. Please take my contribution directly from the account specified:

Checking Account (attach voided check) Savings Account (attach deposit slip)

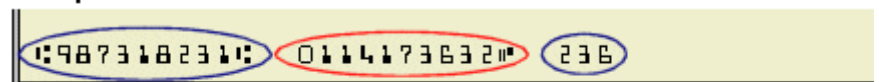
Routing Number: _____

Account Number: _____

4. I hereby authorize St. Mary Catholic Church or St. Joseph Catholic Church to initiate debit entries into my account. This authorization will remain in effect until I give written notification of its change or termination, in such time and manner as to afford reasonable opportunity to act on it.

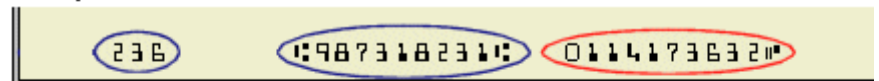
Authorized Signature: _____ Date: _____

Sample Check # 1:



The routing & transit # is 9 digits surrounded by @
The account # is usually left of @ - If check # is left of account #, ignore check #
The check # should match the # in the upper-right corner

Sample Check # 2:



The check # should match the # in the upper-right corner
The routing & transit # is 9 digits surrounded by @
The account # is usually left of @

Please attach a Voided
Check or Deposit Slip here

Note: These 3 sets of numbers may appear in a different order on your check.