

St. Damian Parish
One West Main Street
Damiansville, Illinois 62215
Phone/Fax: (618) 248-5134
Email: stdamians@wisperhome.com



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT BY ACH
(ACH DEBITS)**

Direct Payment by ACH is the transfer of funds from an individual's account for the purpose of making a payment. I (we) hereby authorize St. Damian Church, Damiansville, IL to initiate electronic fund transfers from the listed account for the payment of personal contributions from my checking or savings account. (and, if necessary, electronically credit the listed account to correct erroneous debit entries) as follows:

Payor name(s): _____ (Please print to match bank records)

Financial Institution Name: _____

Location _____ City _____ State _____

Routing Number: _____ Account Number: _____

Payment Amount for Acceptable Dollar Amount(s) Authorized \$ _____

Checking Account *or* Savings Account (*Select One*) at the financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Payment Schedule of debit(s) (check one only)

Bi-weekly (2nd & 16th) Monthly (2nd or 16th) Starting Month _____

*If the ACH debit payment due date fails on a weekend or holiday, the payment will be deducted on the **prior/following** business day.

I (we) understand that this authorization will remain in full force and effect until I (we) notify St. Damian Church that I (we) want to revoke this authorization. I (we) understand that COMPANY requires at least one week prior notice in order to cancel this authorization.

Customer acknowledges that they have read, understand, and agree to the terms and conditions of the authorization.

Name(s): _____ (please print)

Phone: _____ Email: _____

Signature(s): _____

Date: _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

(Please make a copy of this form for your personal records)