



AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWALS (ACH DEBITS) FOR STE. MARIE PARISH DONATIONS

I (we) hereby authorize **Ste. Marie Parish** hereinafter called **COMPANY** to initiate debit entries to my (our) Checking Account Statement Savings Account (select one) indicated below at the depository financial institution named below, hereafter called **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 provisions of U.S. Laws. I (we) understand that a fee of \$20.00 will be charged to my (our) account for any transactions returned.

Please Print

Depository Bank Name: _____

Address: _____ City: _____ State _____ Zip: _____

_____ Routing Number

_____ Account Number

(First nine digits on bottom of checks/deposit slip)

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** and **DEPOSITORY** a reasonable opportunity to act on it.

Name(s): _____

For **Offertory**: Add a new Direct Withdrawal: Debit amount \$: _____ Frequency: _____
(Monthly or Weekly) Monthly deductions begin the first of the month.
Weekly deductions begin on Monday.

For **Easter (yearly)**: Add a new Direct Withdrawal: Debit amount \$: _____

For **Christmas (yearly)**: Add a new Direct Withdrawal: Debit amount \$: _____

For **Maintenance (Monthly)**: Add a new Direct Withdrawal: Debit amount \$: _____

Change an existing Direct Withdrawal:

Debit amount changed from: \$ _____ to \$ _____

Frequency changed from: _____ to: _____

Delete a Direct Withdrawal:

Termination date (not to exceed 14 days in advance):

Date: _____ Signature/s: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. I (WE) UNDERSTAND AND AGREE THAT FINANCIAL INSTITUTIONS SHALL HAVE NO RESPONSIBILITY FOR THE CORRECTNESS OF DONATIONS AND THAT ANY DISCREPANCY IN THE AMOUNTS SHALL BE HANDLED DIRECTLY WITH STE. MARIE PARISH.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM