

St. Jude Church

Authorization Agreement for Electronic Offertory Transfer Automatic Bank Withdrawal (ACH) Option

I hereby authorize St. Jude Church to initiate a MONTHLY debit of \$_____ from the following account:

Your Bank Name: _____ Branch _____

Account type (check one): _____ Checking _____ Savings

Bank Routing Number: _____ Account Number: _____

Please attach a VOIDED check for proper verification of account information.

This authorization is effective immediately upon St. Jude receipt of this document. *All transactions will occur on the 15th of each month.* This agreement is to remain in full force and effect until St. Jude has received written notification from me of its termination in such a time and in such a manner as to afford St. Jude and my bank a reasonable opportunity to act on it.

Your Name (please print) _____ Phone: _____

Signature: _____ Date: _____

If joint account, please provide second signature:

Signature: _____ Date: _____

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.

Thank you for this gift!
For your information, this transaction with St. Jude
will appear on your monthly bank records referencing St. Jude.
For questions, please call the St. Jude Church Rectory at 440-366-5711

**Please return this form to:
St. Jude Church, 590 Poplar Street, Elyria, OH 44035**