



Holy Family Catholic Parish

Authorization Agreement for Offertory Contributions via Automated Clearing House (ACH) Debits

Depositor Name (Your Name)

I/we hereby authorize Holy Family Parish to initiate debit entries to my/our
(Select one) Checking Account Savings Account

at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same during the second week of each month. I/we acknowledge that the origination of ACH offertory transactions from my/our account must comply with the provisions of U.S. law.

Depository _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

(Depository routing numbers can be found on your institution's website.)

This authorization is to remain in full force and effect until Holy Family Parish has received written notification from me/us of its termination in such time and in such manner as to afford Holy Family Parish and DEPOSITORY a reasonable opportunity to act on it.

Please deduct the following amount from my account each month:

\$ _____

Signature _____ Date _____
(Authorizing monthly deduction)

Signature _____ Date _____
(Second signature line for accounts requiring dual signatures)

ALL DEDUCTIONS ARE MADE DURING THE SECOND WEEK OF EACH MONTH.

Please attach a voided check and return to:

Holy Family Parish
Attn: Pastor
3732 SE Knapp Street
Portland, OR 97202