## Catholic Cemeteries & Mortuaries Department Roman Catholic Archdiocese of Los Angeles



## AUTHORIZATION AGREEMENT FOR AUTOMATIC CLEARING HOUSE (ACH) PAYMENTS

(I/we) do hereby authorize <u>Catholic Cemeteries Archdiocese of Los Angeles</u> (COMPANY) to initiate recurring debit entries to (my/our) account at the financial institution indentified below. (I/we) acknowledge that the origination of ACH transactions to my (my/our) account must comply with the provisions of U.S. law. Furthermore, if any such debit(s) should be returned NSF, (I/we) authorize the COMPANY to collect such debit(s) by electronic debit.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidenced by my signature below.

Financial Institution		Branch:			
Routing Number: Account Number:					
Account type:	☐ Checking	□ Savings			
*****Please attach copy of voided check in area provided below****					
Payment Start Date:	/ /2021 (Month / day / year)	Monthly Payment Amount: \$			
Apply payments to Catholic Cemeteries Contract Number: -					
Name of Cemetery Lo	ocation				
(Note: If you have multiple contracts with Catholic Cemeteries, separate forms must be used for each ACH authorization).					
This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.					
Name(s):		Con	tact Number:	7	
Address:	City:	St	tate:	Zip:	
Signature:			Date:		

## **Please Note**

- 1. Payment dates occurring on weekends and holidays will be posted the following business day.
- 2. Original copy of this document, questions and correspondence should be directed to:

Catholic Cemeteries Patron Service Department PO Box 226820, Los Angeles, CA 90022-9998

Phone: 213-637-7800 Fax: 323-266-3687

Attach Voided Check Here