

Saint Maria Goretti Parish

DIRECT DEBIT AUTHORIZATION AGREEMENT

I hereby authorize **Saint Maria Goretti Parish** to initiate debit entries, and, if necessary, credit entries to reverse erroneous debit entries to my account(s). It is agreed that these debits will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA).

I understand that these entries are for the sole purpose of my general offering or tithing to the church. Under no circumstances will there be any transactions to this account for anything other than my general offering or tithing without my written consent.

I understand that I can change the amount of my deduction at anytime. I also understand that I can cancel or suspend this directive at anytime.

****Please indicate amount to be deducted below

Checking Account Amount _____

Savings Account Amount _____

Credit Union Amount _____

****I would like this amount deducted on a _____ basis. (weekly or monthly)

Weekly transfers will occur each Monday.

Monthly transfers will occur on the first Monday of the month.

This authority shall remain in full force and effect until **Saint Maria Goretti Parish** has received written notification from me of its termination in such time and in such a manner as to afford **Saint Maria Goretti Parish** and the bank a reasonable opportunity to act upon the termination request.

A VOIDED CHECK MUST BE ATTACHED FOR EACH ACCOUNT!

Name _____

Date _____

Signature _____

***Saint Maria Goretti Parish agrees to not, directly or indirectly, make known, divulge, publish or communicate the above confidential information to any person, firm or corporation, other than the current banking institution where the debited funds will be deposited.