

# ACH Giving Authorization Form

St. Rocco's Catholic Church – Martins Creek, Pennsylvania

Please check one:     New     Revised     Terminated

<b>General</b>	Parishioner Name (s) _____ Envelope # _____ Address _____ City _____ State _____ Zip Code _____ Phone # _____ E-Mail _____
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<b>Financial Institution Information</b>	Name of Financial Institution (Bank) _____ Address of Financial Institution (Bank) _____ <div style="text-align: right; margin-right: 100px;">(city/state/zip code)</div> <p>Please debit my contribution directly from the account checked below:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Checking Account (attach a voided check)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Savings Account (attach savings deposit slip)</p> <p>Bank Routing # _____ Bank Account # _____</p> <p style="text-align: center;">Example: Located at the bottom of your check or deposit slip:</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">MEMO</td> <td style="width: 50%; border-bottom: 1px solid black;">SIGNATURE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">286582805</td> <td style="border-bottom: 1px solid black;">0123456789 0101</td> </tr> <tr> <td style="text-align: center; font-size: small;">ROUTING NUMBER</td> <td style="text-align: center; font-size: small;">ACCOUNT NUMBER    CHECK NUMBER</td> </tr> </table> </div> <p>Effective Date of Authorization: ____/____/____</p>	MEMO	SIGNATURE	286582805	0123456789 0101	ROUTING NUMBER	ACCOUNT NUMBER    CHECK NUMBER
MEMO	SIGNATURE						
286582805	0123456789 0101						
ROUTING NUMBER	ACCOUNT NUMBER    CHECK NUMBER						

<b>Gift</b>	<b>Monthly Contribution</b> Amount of monthly contribution: \$ _____
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I / We hereby authorize St. Rocco's Catholic Church to initiate debt entries to my / our checking/savings account at the financial institution (Bank) listed above and, if necessary, initiate adjustments for any transactions credited/debited in error. My / Our account will remain subject to its' individual terms and conditions, which are not modified by this authorization. I / We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I / We authorize St. Rocco's Catholic Church to deduct my / our offering monthly, in the amount specified above. I / We understand that this authorization will remain in full force and effect until St. Rocco's Catholic Church has received written notification from me (or either of us) of its termination or change of amount - in such a time and in such a manner as to afford St. Rocco's Catholic Church and the Bank a reasonable opportunity to act upon it.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Authorized Signature

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Authorized Signature

\*Please remember to attach a voided check or savings deposit slip – Thank you.