

ST. JOHN THE EVANGELIST CATHOLIC CHURCH

Confidential Attention : Karen Hagendorfer

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AUTOMATIC BANK DRAFT AUTHORIZATION

(AN OPTION FOR OUR PARISHIONERS)

PLEASE PRINT

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

- Please automatically draft my account for the **Regular Offertory** collection: (Please choose only one option)

\$ _____ to the Regular Offertory on the **1st** of each month.

\$ _____ to the Regular Offertory **each Sunday** of the month.

\$ _____ **other** Regular Offertory **option** please specify: _____

- Please automatically draft my account for the **Building Fund** collection: (Please choose only one option)

\$ _____ to the Building Fund on the **1st** of each month.

\$ _____ to the Building Fund **each Sunday** of the month.

\$ _____ **other** Building Fund **option** please specify: _____

- Please automatically draft my account for the **Help Fund** collection: (Please choose only one option)

\$ _____ to the Help Fund on the **1st** of each month.

\$ _____ to the Help Fund **each Sunday** of the month.

\$ _____ **other** Help Fund **option** please specify: _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH Debits)

I (we) hereby authorize St. John Catholic Church to initiate debit entries to)our) [] **checking account** [] **savings account (select one)** at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name: _____ Branch: _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until St. John Catholic Church has received a written notification from me (or either of us) of its termination in such time and in such a manner as to afford ST. JOHN and the DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ ID Number _____
Please Print

Date: _____ Signature: _____

* Attach a **voided** check for CHECKING accounts. *Attach instructions from your bank for SAVINGS accounts.