

# ACH PreAuthorized Payments Agreements (Debits)

This is my authorization to Saint Andrew The Apostle Catholic Church to automatically

debit my checking account \_\_\_\_\_

Number

\_\_\_\_\_ at \_\_\_\_\_ in

Bank Transit/ABA Number

Financial Institution

\_\_\_\_\_, \_\_\_\_\_.

City

State

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account.

**This authorization is non-negotiable and non-transferable.**

Customer Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Tel #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

Draft My Account Once Per Month (on the 15<sup>th</sup>) for the amount: \$ \_\_\_\_\_

**OR**

Draft My Account Twice Per Month (on the 1<sup>st</sup> & 15<sup>th</sup>) for the amount: \$ \_\_\_\_\_ (per draft)

**\*\*This drafting is for Offertory donations only!**

[ Attach a Voided Check Here ]

Please allow up to 30 days for changes to be processed.

**NOTE: Please attach a voided check to this form**

# STATUS CHANGE FORM FOR BANK DRAFTING DONATION

Please check ALL that apply in *Box 1*, complete the information in *Box 2*, attach a voided check unless otherwise indicated, and sign and date the form:

## Box 1

<input type="checkbox"/> Stop Drafting (NO VOIDED CHECK REQUIRED)	<input type="checkbox"/> Change Financial Institution
<input type="checkbox"/> Change Name	<input type="checkbox"/> Change City & State of Fin. Institution
<input type="checkbox"/> Change Account No	<input type="checkbox"/> Change Donation Amount (NO VOIDED CHECK REQUIRED)
<input type="checkbox"/> Change Bank Transit/ABA No	<input type="checkbox"/> Change Number of Drafts Per Month (NO VOIDED CHECK REQUIRED)

## Box 2

[Attach a voided check here]

Below is the authorization for St. Andrew's Catholic Church to change my previous Bank Draft Donation information to the following:

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Transit/ABA Number: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

City & State of Financial Institution: \_\_\_\_\_

Donation Amount Once Per Month (on the 15<sup>th</sup>): \$ \_\_\_\_\_

**OR**

Donation Amount Twice Per Month (on the 1<sup>st</sup> & 15<sup>th</sup>): \$ \_\_\_\_\_ (per draft)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tel #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please allow up to 30 days for changes to be processed.