



ST. NICHOLAS CATHOLIC CHURCH

Parish Office (757) 340-7231

www.stnicholasvb.com

Office Fax (757) 340-2727

AUTHORIZATION AGREEMENT for ACH Debit

St. Nicholas Catholic Church has my permission to initiate debit entries from my (our) bank account indicated below at the depository financial institution named below. I acknowledge that the organization of ACH (Automatic Clearing House) transactions to my (our) account must comply with the provisions of U.S. law.

(The following information should be retrieved from a check or withdrawal slip.)

Depository Name _____

Branch/ City _____

Routing Number _____ (9 digits)

Account Number _____

Account Type (circle one) Checking Savings Money Market

Contribution Amount \$ _____

I would like this amount deducted from my account on the following cycle:
(Circle your option)

15th of the month Last day of the month 15th & the last day of the month

This authorization is to remain in full force and effect until the St. Nicholas Parish Office receives written notice from me to terminate the transactions.

Name(s) _____ (Please Print)

Date _____ Envelope ID Number _____

Signature(s) _____

(Both signatures are required for joint accounts)

- RETURN TO PARISH:**
1. Place in a sealed envelope and mail to the parish, Attn: Business Manager
 2. Place in a sealed envelope and place in Sunday's Offertory Collection, Attn: Business Manager