

St. John Catholic Church

Payment Authorization Form (ACH)

Church, School or Diocese Name: St. John Catholic Church	
Name on Account (please print):	Account Holder's Phone #:
Address:	
City, State and Zip:	
I authorize the Following: <input type="checkbox"/> New Payments from Account Specified below <input type="checkbox"/> Change Indicated Below <input type="checkbox"/> Discontinue Electronic Funds Transfer from account or fund specified below.	

Bank Account Information (use a separate Form for each account)
Bank Name:
Account Type: <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings (attach deposit slip)
Routing Number:
Account Number:
Authorization Effective Date: / /

Contribution Schedule					
Fund Type <small>(i.e. Sunday, Legacy, Capital Improvement, etc.)</small>	Payment Schedule	Amount	Payment Start Date	Collection Date <small>(For withdrawal from your account.)</small>	
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly	\$		<input type="checkbox"/> 1 st <input type="checkbox"/> 15th <input type="checkbox"/> None	
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly	\$		<input type="checkbox"/> 1 st <input type="checkbox"/> 15th <input type="checkbox"/> None	
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly	\$		<input type="checkbox"/> 1 st <input type="checkbox"/> 15th <input type="checkbox"/> None	

I authorize St. John Catholic Church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable written change or cancellation notice to terminate authorization. I understand there will be a **\$25.00** nonsufficient funds (NSF) fee charged to my account for NSF debits.

Authorized account signature: _____ Date: _____