



HOLY FAMILY

CATHOLIC CHURCH

Instructions – Please complete all 4 steps.

If you would like to authorize Holy Family Catholic Parish to deduct your donations by automatic deduction, please:

1. Complete the form below. If your account is a joint account, both account holders must sign this form.
2. Attach a voided, unsigned check to the form.
3. Return the original form and the voided check to Holy Family Parish.
4. Retain a copy of this form for your files.

We will process your account for automatic deduction as soon as possible after we receive your signed form. The authorization form must reach our office by the 10th of the current month to begin your automatic payment for the following month.

ACH AUTHORIZATION FORM

I (we) hereby authorize Holy Family Catholic Parish to initiate debit entries to my (our) account in the named institution below, and I (we) authorize the institution to accept and debit the amount of such entries to my (our) account. Each debit shall be made each month in an amount equal to the withdrawal amount indicated below.

Please choose one: Checking Savings

Bank (Institution) or Credit Union Name

Address

City State Zip

Routing Number Account Number

Choose One:

Weekly donations will be deducted on the following days each month: 4th, 11th, 18th & 25th.

Weekly Withdrawal Amount: \$

Monthly donations will be deducted once a month, please choose date for withdrawal.

4th, 11th, 18th, or 25th Monthly Withdrawal Amount: \$

Start Date: (mm/yy)

This authorization is to remain in full force and effect until I revoke the agreement as hereinafter provided. Any revocation shall not be effective until Holy Family Catholic Parish has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give Holy Family Parish a reasonable opportunity to act on it. Holy Family Catholic Parish reserves the right to cancel a parishioner's participation at any time.

Parishioner's Name

Account Holder's Name (please print) Signature

Joint Account Holder's Name (please print) Signature

Date of Authorization Phone # Email

Please Return Form to: Holy Family Catholic Parish
1102 Chestnut Street, Clarkston, WA 99403