

**ST AGNES PARISH  
ACH DEBIT AUTHORIZATION**

\*\*\* AUTHORIZATION AGREEMENT FOR DIRECT GIVING \*\*\*

I hereby authorize St. Agnes Parish to initiate monthly debit entries in the amount specified, from my account as listed below. This authorization is to remain in effect, beginning on the date specified below, until St. Agnes Parish has received written notification of its termination.

Total Monthly Debit Amount: \$ \_\_\_\_\_

Divide the above amount as follows:

\$ \_\_\_\_\_ to Sacrificial Giving, \$ \_\_\_\_\_ to Repair & Replacement, \$ \_\_\_\_\_ to Future Needs

Withdrawal to be made on the ( ) 1st, or ( ) 15th, of each month.

Beginning Date of Authorization: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Bank Information: ( ) Checking account ( ) Savings account - (select one)

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\* Attach proof of account below

( ) **CHANGE OF ACCOUNT** (A 2-week notice is necessary for all changes)

I hereby authorize St. Agnes Parish to change the account that is currently being used to the following new account beginning with the withdrawal scheduled for \_\_\_\_ / \_\_\_\_ / \_\_\_\_:

\*Bank Information: ( ) Checking account ( ) Savings account - (select one)

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\* Attach proof of account below

( ) **CHANGE OF AMOUNT** (A 2-week notice is necessary for all changes)

I hereby amend the monthly amount indicated on the previously signed debit authorization form to: \$ \_\_\_\_\_ beginning with the withdrawal on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

( ) **TERMINATION OF AUTHORIZATION** (A 2-week notice is necessary for termination)

I hereby cancel my previously signed debit authorization. I wish to have no further withdrawals from my account.

NAME \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Please Print)

\* Attach proof of account here

Return your completed form to:  
**St. Agnes Parish Office**  
1484 Ninth St.  
Green Bay, WI 54304

## DEBIT AUTHORIZATION AGREEMENT DIRECTIONS

### GENERAL INFORMATION:

- Direct Giving is withdrawn on the 1st or 15th day of each month. If either of these days are a weekend or holiday, the withdrawal will be done on the next business day. St. Agnes will continue to process Direct Giving at this rate until you either change or cancel this authorization agreement.
- Your personal bank statement and year end tax statement will be your record of payment.
- If you are using this form for a change or termination, put an "X" in the ( ) next to the action that you would like to perform so that your request can be properly handled.
- \*Proof of account: A voided check is proof of account for a checking account. Deposit slips cannot be accepted because they often do not contain the correct routing numbers on them. Proof of account for a savings account can be obtained from your bank. The information that the bank provides you must include the routing and account number.
- All authorization agreements must be **SIGNED** and **DATED**.

Contact the Parish Office (494-2534) with any questions you may have.

### NEW AUTHORIZATIONS (INITIAL SET UP):

- The *Monthly Debit Amount* is the total amount that you would like to have withdrawn from your account each month and given to St. Agnes Parish. Donations can be divided between Sacrificial Giving, Repair & Replacement and Future Needs. Fill in the monthly amount you desire to have designated to each fund in the spaces provided.
- The *Beginning Date of Authorization* should be the first payment withdrawal date.
- Mark the spot indicating if the amount is to be withdrawn from a checking or savings account. Be sure to attach proof of account as described in the general information above.
- Fill in the *Bank Name* and corresponding information. *Branch* refers to the bank branch that you usually use. *City, State, and Zip* are usually printed on the bottom of the checks.
- The *Routing Number* is the first 9 digits printed at the bottom of the check on the left. The *Account Number* is the next set of numbers on the bottom of the check. Do **not** put in spaces or punctuation that is shown. Be careful not to include the set of numbers farthest to the right, these correspond to the check number.

**\*\* Please keep in mind that a 2-week notice is needed for any new authorization, change or termination \*\***

### CHANGE OF ACCOUNT

Fill in the date on the spaces provided with the withdrawal date that you desire this change to be effective. See the New Authorization instructions above for detailed information.

### CHANGE OF AMOUNT

If you would like to change the amount of your giving, simply write in the new amount and indicate the date that you desire this change to be effective.

### TERMINATION OF AUTHORIZATION

Marking this action and signing the form will terminate your prior authorization form and discontinue withdrawals.

**Thank you for your support of St. Agnes Parish.**