



Est. 2016

## St. Isidore Catholic Parish Direct Deposit Form

For your convenience you may now make your charitable contributions to St. Isidore Catholic Parish via electronic ACH direct deposit transfer. If interested, please fill out this form and return in the Collection Basket or the Parish Office. The effective date will begin on \_\_\_\_\_.

### Authorization Agreement for ACH Direct Debit of Contributions

Member Name (s) \_\_\_\_\_ Phone Number \_\_\_\_\_

I(we) hereby authorize St. Isidore Catholic Parish to initiate an ACH Direct Debit of the contributions specified below and any necessary credit entries to correct errors from/to my(our) Checking or Savings account (*Select one account*) indicated at the depository name below, hereinafter call Depository.

Checking Account  Savings Account

Depository (i.e. Bank) Name \_\_\_\_\_

Bank Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Routing Number

--	--	--	--	--	--	--	--	--

Amount of Contribution \_\_\_\_\_ Weekly (every Monday)  
\_\_\_\_\_ Monthly on the 1<sup>st</sup> Monday of the Month

This authority is to remain in full force and in effect until St. Isidore Catholic Parish has received written notification from the parishioner of its modification or termination in such a time and in such a manner as to afford St. Isidore Catholic Parish and Depository a reasonable opportunity to act on the request.

**Please attach a voided check from checking account OR a deposit slip for your savings account to this form.**

*(Cannot accept deposit slip from checking accounts, only savings)*

Changes \_\_\_\_\_ Change financial institution and/or account number  
\_\_\_\_\_ Change amount of contribution  
\_\_\_\_\_ Change timing (weekly/monthly) of contribution  
\_\_\_\_\_ Cancel participation in the ACH Direct Debit Program

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_