

AUTHORIZATION AGREEMENT
AUTOMATIC WITHDRAWALS (ACH DEBITS)

I _____ hereby authorize **HOLY ROSARY CONGREGATION**, to
(Print Name)
initiate DEBIT entries to my (our) account indicated below and the financial institution named below,
hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge
that the origination of ACH transactions to my (our) account must comply with the provisions of U.S.
law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Acct: ___ Checking ___ Savings () Personal or () Business Account

**Donation amount to HOLY ROSARY CONGREGATION to be withdrawn from
my/our account:**

\$ _____

Frequency of withdrawal amount noted above (check one):

_____ **Weekly on Fridays**

_____ **Monthly on the 15th**

This authority is to remain in full force and effect until **HOLY ROSARY CONGREGATION** has received
written notification from me (or either of us) of its termination in such time and manner as to provide
HOLY ROSARY CONGREGATION and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual/Company Name)

(Print Individual/Company ID Number)

(Authorized Signature)

(Date)

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM and return to
Holy Rosary Parish, 730 Wells Street, Darlington, WI 53530**