



St. John Henry Newman Parish

602 Turner Avenue • Columbia, Missouri 65201 • 573-449-5424

Authorization Agreement for Electronic Transfer of Funds for Offertory Contributions Via ACH Network



Action Requested:

New Giving Request Replace my current request Remove my current giving request

| | | | | |
|---|--|------------|------------|------------|
| Full Name (Please print: Last, First, MI) | | | | |
| Address | | City | State | Zip |
| Home Phone | | Cell Phone | | Work Phone |
| Email Address | | | Envelope # | |

I (we) wish to make our offertory contributions to St. John Henry Newman Parish by way of Electronic Transfer of Funds (ACH debit). I (we) hereby authorize St. John Henry Newman Parish to initiate debit entries to my (our) account indicated below at my (our) financial institution named below, and to debit the same to such account. I (we) acknowledge that this origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until St. John Henry Newman Parish has received **written notification** to the address above from me (or either of us) of its termination in such time and in such manner as to afford St. John Henry Newman Parish and their depository institution a reasonable opportunity to act on it. I (we) have attached a blank voided check with my (our) names preprinted on it for the purpose of verifying my account number and the financial institution's transit number.

| | | | | |
|-------------------------------|---|-----|--|--|
| Financial Institution Name | | | Type of Account (Check One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| Financial Institution Address | | | | |
| City | State | Zip | | |
| Effective Date | Frequency of EFT. (You may select one or both dates. Please mark choice(s).) <input type="checkbox"/> 1st Friday of the month <input type="checkbox"/> 3rd Friday of the month | | Amount of <u>each</u> transfer \$ _____ | |
| Signature | | | Date | |
| Signature | | | Date | |

Joint accounts require two signatures.

**Attach blank voided check here
or, if you do not have a check,
include a printed document from the bank
showing your account and routing number**

Please allow 30 days for processing of your initial ACH debit payment. When this authorization request has been processed, you will receive a written notice of your records which will include the date of your first debit transaction. Changes and revocations must be made in writing (complete a new Authorization Agreement) and received by St. John Henry Newman Parish 30 days before the desired effective date.