

Authorization Agreement for Electronic Payment/Direct Contributions Automated Clearinghouse (ACH) Debits

I (we) hereby authorize ST. BERNARD CATHOLIC CHURCH, hereafter called the COMPANY, to initiate debit entries to my (our) _____Checking _____Savings (select one) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name _____

Branch _____

City, State and Zip Code _____

Routing Number _____

Account Number _____

This authorization is to remain in full force and effect until the COMPANY has written notification from me (or either of us) of its termination in such time, and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

St. Bernard Catholic Church and School

Gathering Our Gifts

12-Month Annual Operating Appeal

GOG Debit Amount: \$ _____ Starting Date: _____

Monthly on the _____ 2nd **OR** **Monthly** on the _____ 16th

Semi-Monthly _____ on the 2nd **and** the 16th

Name(s) _____

Signature(s) _____

Date _____

Please Attach a Voided Check

212 Church Street East • Cologne, MN 55322 • (952) 466-2031 • www.st-bernard-cologne.org