

AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize HOLY FAMILY PARISH, Emmetsburg, Iowa, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institutions named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)	(Branch)	
(Address)	(City and State)	(Zip)
(Routing/Transit Number)	(Account Number)	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount \$ _____	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly _____	(check one)

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

(Print individual name)	(Print individual name)
(Envelope number)	(Signature)
(Date)	

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

All information is held on a secure page of Iowa Trust and Savings Bank, Emmetsburg, Iowa

Please send this completed form in sealed envelope to, or drop off at, the Parish Office.