

St Michael ACH Tithe Enrollment Form

Please indicate:

New Enrollment

Change my information

Terminate my account

Monthly Offertory \$ _____ This amount will be deducted monthly on the 1st business day of the month.

*Month of 1st Withdrawal _____

Holy Days

\$ _____

*This amount deducted during the month of each of the following Holy Days:

Solemnity of Mary – January

Combined Collection – March

Ash Wednesday – March

Holy Land – Good Friday

Assumption of the Blessed Virgin Mary – August

Pink Sisters – November

Peters Pence – June

Propagation of the Faith – Mission Sunday - October

Christmas Donation \$ _____

Month of Withdrawal: December

Easter Donation \$ _____

Month of Withdrawal: The month of Easter

Southern Nebraska Register \$15.00

Month of Withdrawal: February

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED (ACH) PAYMENTS

I (we) authorize St. Michael's Church to initiate debit entries to my (our) checking account (select one) indicated below and the depository financial institution named below 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.

Disclosures

This authority is to remain in full force and effect until St. Michael's Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Michael's Church and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by St. Michael's Church prior to receipt of notice of termination.

I (we) further authorize St. Michael's Church to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the Depository to accept and to credit or debit the amount of such entries to my (our) account. I (we) have the right to stop payment of any entry by notifying Depository prior to the posting of item to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby:

X _____
Signature of Account holder

X _____
Signature of Account holder

Printed Name(s) _____

Address _____

Phone _____ Envelope Number _____

Checking or Savings Account Information

****Please attach a voided check****

Name of Bank _____

Name on Account _____

9-digit Bank Routing # _____

Bank Account # _____