

Good Shepherd Catholic Church

N88 W17658 Christman Road Menomonee Falls, WI 53051

AUTHORIZATION AGREEMENT FOR ACH DEBIT

Effective Date: _____ (Contributions are transferred on the **1st** or **15th business** day of each month)

_____ **New Authorization**

_____ **Change Financial Institution Account**

_____ **Change Contribution Amount**

_____ **Discontinue Electronic Contribution**

BANKING/CONTRIBUTION INFORMATION

_____ **Bank / Credit Union Name**

_____ **Branch**

_____ **City / State / ZIP**

_____ **Transit / ABA Number**

_____ **Account Number**

***** If this is a new authorization or a new account please attach a voided check or bank letter *****

Church ID # _____

_____ **I (we) would like to contribute the sum of** _____ **each month.**

Please debit my account on: _____ **1st of month** or _____ **15th of month**

Please allocate \$ _____ **Regular Giving**

\$ _____ **Building Maintenance Fund**

AUTHORIZATION

I (we) hereby authorize Good Shepherd Catholic Church to process debit entries to my (our) account. I have attached a voided check or savings deposit slip. This authority will remain in effect until Good Shepherd Catholic Church receives reasonable advance written notice to terminate the authorization.

Adult 1 Name _____
Please Print Signature Date

Adult 2 Name _____
Please Print Signature Date

Please Note:

- If joint account both owners must sign above.
- Remember to attach a voided check or bank authorization letter.