

For Office Use:
Last Name _____
Date Entered _____

**ST. GREGORY'S PARISH
DIRECT DEBIT PAYMENT
AUTHORIZATION FORM**

I authorize St. Gregory's Parish, hereinafter called COMPANY, to initiate debit entries to my account at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, I authorize COMPANY to initiate adjustments for any transactions debited in error.

Depository
Bank Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Account Type (choose one): **Checking** **Savings**

Routing/Transit Number _____ **Account No.** _____

Debit amount \$ _____

Frequency (choose one):

Weekly on Friday

Twice monthly on the 1st and 15th of each month (or business day prior if weekend)

Once monthly on the last business day of the month

This authorization will remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer
Name _____

PLEASE PRINT (as it appears on account)

Customer
Signature _____ **Date** _____

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE RECTORY, 136 WEST MAIN ST., NORTH EAST, PA, 16428, IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM.