

AUTHORIZATION FOR ACH DIRECT PAYMENT

I authorize ST. MALACHY CHURCH to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the church a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(The name of your Financial Institution) (Branch)

(City) (State) (Zip Code)

Financial Institution Routing Number: _____

Account Number: _____ Checking _____ Savings _____

(PLEASE PLACE VOIDED CHECK HERE)

(Signature) (Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)



SUNDAY STEWARDSHIP CONTRIBUTION AMOUNT

_____**WEEKLY CONTRIBUTION AMOUNT (Mondays):** \$ _____

_____**MONTHLY CONTRIBUTION AMOUNT (1st of the month):** \$ _____

_____**MONTHLY CONTRIBUTION AMOUNT (15th of the Month):** \$ _____

STARTING DATE: ____/____/____