

**DIRECT DEBIT AGREEMENT FORM**  
**AUTHORIZATION AGREEMENT FOR DIRECT DEBITS**

I hereby authorize Holy Name of Jesus Parish, to initiate debit entries to and withdrawn the specified funds listed below from my \_\_\_\_\_ Checking or \_\_\_\_\_ Savings account (select one) indicated below at the depository financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Amount to withdraw: \_\_\_\_\_

Date to withdraw:      5<sup>th</sup> \_\_\_\_\_      20<sup>th</sup> \_\_\_\_\_      Both \_\_\_\_\_

This authorization is to remain in full force and effective until Holy Name of Jesus Parish has received written notification from me or my termination in such time and in such manner as to afford Holy Name of Jesus Parish and Peoples State Bank a reasonable opportunity to act on it.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Please attach a blank check marked "VOID". This check will provide us with the necessary banking information.