

DIRECT DEBIT AGREEMENT FORM
AUTHORIZATION AGREEMENT FOR DIRECT DEBITS
(ACH DEBIT/CREDIT)

I hereby authorize Holy Name of Jesus Parish, to initiate debit entries to my _____ Checking or _____ Savings account (select one) indicated 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 #: _____

This authorization is to remain in full force and effective until Holy Name of Jesus Parish has received written notification from me, and my termination is in such time and in such manner as to afford Holy Name of Jesus Parish and Nicolet National 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.

Please indicate amount to be taken out by your withdrawal option below.

\$ _____ Semi-monthly taken out on the 5th and 20th of the month.

\$ _____ Monthly taken out on the 5th.

\$ _____ Monthly taken out on the 20th.