St. Wenceslaus Parish and School "Lightning" Campaign Electronic Funds Transfer Form

MONTHLY OR **BI-MONTHLY** Total Monthly Offering Total Monthly Offering Month & Year of 1st Withdrawal _____ Month & Year of 1st Withdrawal Please debit my account **once** a month on: Please debit my account on the 5th ____ OR 5th AND 20th of each month \$____ 20th _____ **AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED (ACH) PAYMENTS** I (we) authorize St. Wenceslaus Church to initiate debit entries to my (our) checking/ savings account (select one) indicated below and the depository financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. **Checking or Savings Account Transfers** Name of Bank Name on Account _____ 9-digit Bank Routing # ____ __ __ __ __ ___ ___ ___ Bank Account # _____ PLEASE ATTACH A VOIDED CHECK **Disclosures** This authority is to remain in full force and effect until St. Wenceslaus Church has received written notification from me of its termination in such time and in such manner as to afford St. Wenceslaus Church and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by St. Wenceslaus Church prior to receipt of notice of termination. I (we) further authorize St. Wenceslaus to initiate such credit entries to said account as may be necessary to any erroneous debit entries previously initiated thereto. I (we) authorize the Depository to accept and to credit or debit the amount of such entries to my (our) account. I (we) have the right to stop payment of any entry by notification to Depository prior to the posting of item to the account. The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby: Signature(s) of Account holder(s)