



HOLY NAME CATHOLIC CHURCH

1009 SKYLINE DRIVE, WATERTOWN, SOUTH DAKOTA 57201
PHONE (605) 886-2628 FAX (605) 886-2142

tlh.holyname@midconetwork.com

Authorization Form for ELECTRONIC CONTRIBUTIONS (ACH: Automated Clearing House)

Please check the one box that applies:

- New Authorization
- Change Contribution Amount
- Change Contribution Date
- Change Banking Information
- Discontinue Electronic Contribution

Name (please print)

Address

Phone Number (daytime phone number where you can be reached for questions)

15 th of the month	\$	
30 th of the month	\$	
You may request to have withdrawal either once or twice per month, on the 15 th and/or the 30 th		

Start Withdrawal on: _____ (date must be entered)

- Checking account
- Savings account

Bank routing number

Account number

I authorize Holy Name of Jesus Parish to process debit entries to my account. I have attached a voided check or savings deposit slip. The authority will remain in effect until I give reasonable notification to terminate this authorization.

Signature – MUST BE SIGNED

Date