

ST. MARY'S VISITATION

Catholic Parish  Elm Grove, WI

Direct Debit

Consider automating your contribution to St. Mary's Visitation Parish. Your contribution can be arranged for the 1st, 15th, or the 25th of the month. If another date or frequency is more convenient, please contact the Parish Office. **The required Authorization Agreement, which is necessary to begin this service, is below. Please complete the agreement and return it to the Parish Office with a copy of a voided check from the account you wish to have debited.** If you would prefer to use a savings account, that can be accommodated. Please call Chris Kinzy with any questions, 262-782-4145, ext. 130.

The first automated debit from your account will take place on the 1st, 15th or 25th of the month after your direct debit authorization is received. Please return the completed authorization form below with at least ten days notice.

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED CONTRIBUTIONS (ACH DEBITS)

I (we) hereby authorize St. Mary's Visitation Parish, Elm Grove, WI, hereinafter called the PARISH, to initiate debit entries to my (our) checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. Please debit my account on the 1st, 15th, 25th (please circle one). *Please note: When the date selected falls on a weekend or bank holiday, your account will be charged on the succeeding business day.*

DEPOSITORY NAME

BRANCH

TRANSIT/ABA NUMBER

CITY/STATE/ZIP

ACCOUNT NUMBER (savings or checking)

The authority is to remain in full force and effect until the PARISH and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford PARISH and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY with 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

PLEASE PRINT NAME

MONTHLY AMOUNT TO BE DEBITED

SIGNATURE

FOR PARISH OFFICE USE - ENVELOPE #