

**Enrollment/Authorization for Recurring Direct Payments (ACH DEBITS) from
My Checking Account for Sacrificial Giving Donations (regular Sunday offertory collection)**

ST. MARY MAGDALEN PARISH

861 Maitland Avenue + Altamonte Springs, FL 32701 + 407.831.1212

ACH Authorization for Recurring Charges: I hereby authorize St. Mary Magdalen Parish to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such checking account for the amount and frequency listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Bank Name (from check): _____

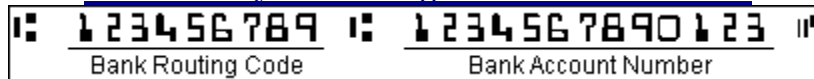
Branch (City, State, Zip – possibly on check): _____

Please attach a check marked "VOID"

Bank Routing Number: _____ Bank Account Number: _____

We only allow checking accounts at this time – sorry, no savings accounts.

[How to find your Routing and Account Numbers](#)



⑆ This character appears before and after the 9-digit ABA Routing number in the MICR line.

⑈ This character appears both in the MICR line and in the upper right-hand portion of your check.

Amount: Same amount as my current weekly Sacrificial Giving pledge **or**
 \$ _____ weekly (We only do weekly debits at this time. \$5.00 minimum)

Frequency: Weekly on Sunday (The electronic transfer will actually occur on the first banking day on or following each Sunday -- normally on Monday, but on Tuesday when Monday is a bank holiday.)

Date of First Debit (Sunday): ____/____/20__ (mm/dd/yyyy)

The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until St. Mary Magdalen Parish has received written notification from me of termination in such time and in such manner as to afford St. Mary Magdalen Parish and DEPOSITORY (normally by the prior Tuesday) to make the requested change. I may change this amount at any time with written notification to the parish office. In the future, when I complete my annual Sacrificial Giving commitment card, it will serve as written notification of any change in my electronic debit amount or frequency under this agreement, effective the first day of the calendar-year pledge period (if my commitment card is turned-in prior to the first day of the calendar year) or effective immediately after I turn-in my commitment card (if my commitment card is turned-in after the first day of the calendar-year pledge period). I may only revoke this authorization by contacting St. Mary Magdalen Parish in writing directly at the address above. This signed form/agreement, when accepted by the parish, replaces any similar prior forms/agreements for ACH debits for donations to the regular Sunday offertory collection.

Please Print:

Your name as an account holder from check: _____

E-mail Address: _____

Date: _____

Your signature as a signer on this account: _____