

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I/We authorize St. Bede Catholic Church to initiate debit entries to my/our Account as indicated below at the depository financial institution named below, and to debit the same to such account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with U.S. law.

Name(s): _____ Bank Name: _____

Address: _____ Branch: _____

_____ Routing #: _____

Signature: _____ Account #: _____

Signature: _____ St. Bede Envelope #: _____

Both parties must sign if joint account

This authorization will remain in full force and effect and the amounts shown will be debited each month until St. Bede has received written notification from either party of its termination.

Date: _____ Phone #: _____

Purpose	1st of month	15th of month
Stewardship	\$	\$
Social Ministry	\$	\$
Construction	\$	\$
Organ Fund	\$	\$
Total	\$	\$

Please attach a voided check for checking account or deposit slip for savings account.

Please mail or deliver to St. Bede Accounting Office, 10 Harrison Avenue, Williamsburg, VA 23185