

St. Agnes Church  
P.O. Box 349 - Scottsbluff, NE 69363-0349  
Phone 308-632-2541 - Fax 308-632-2146

### Debit Authorization

I (we) hereby authorize St. Agnes Church hereinafter called CHURCH, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for contributions. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until CHURCH has received written notification from me (or either of us) of its termination in such time and manner as to afford CHURCH and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print individual name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.

Accounts will be debited monthly.\* Please indicate which wednesday is your preference.

First wednesday \_\_\_\_\_ Third wednesday \_\_\_\_\_

Amount to be debited to your account monthly \$ \_\_\_\_\_

\*If the wednesday falls on a holiday, your account will be debited the first business day after the holiday.

_____ (Financial Institution Name)		
_____ (Address)	_____ (City, State)	_____ (zip)
_____ (Routing Number)	_____ (Account #)	For office use only.
Type of Account: _____checking_____savings		