

Immaculate Conception Chui



Yes! I'd like to sign up for Electronic Contribution!

1206 East McCarty Street, Jefferson City MO 65101

Member Envelope #:

Last Name:

First Name:

MI

Address:

City:

State:

Zip Code:

Please accept my ongoing contribution from my:

Checking Account (attach a voided check)

Savings Account (attach a savings deposit slip)

Financial Institution:

Financial Institution Location (Street Address):

City:

State:

Zip Code:

Account Number:

Transit Routing Number:

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT OF CONTRIBUTIONS (ACH DEBITS)

I authorize Immaculate Conception Church to initiate debit entries to my account indicated above at the financial institution indicated above and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Such debits in the amount of \$_____ will be made (choose one):

Monthly on the 3rd of each month

Monthly on the 18th of each month

Semi-monthly on the 3rd and 18th of each month

This authorization is to remain in full force and effect until Immaculate Conception Church has received written notification from me of its amendment or termination in such time and in such manner as to afford Immaculate Conception Church a reasonable opportunity to act on it. In the event that Immaculate Conception Church erroneously debits the above account, I authorize Immaculate Conception Church to credit the account for an amount not to exceed the original transaction. I understand that it is my sole responsibility and duty to verify that the above account has sufficient funds to honor the debit entry.

Authorized signature:

Date:

● **Attach voided check or savings deposit slip here.** ●