



Holy Family Catholic Church
Post Office Box 290, 474 N Jefferson Avenue
Port Allen, Louisiana 70767
Phone: (225) 383-1838 Fax: (225) 383-1839

Authorization Agreement for Automated Bank Draft (ACH Debits)

Automated Payment Authorization:

I (we) hereby authorize Holy Family Church to initiate debit entries to my (our) account designated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit same account. I authorize credit entries, if necessary, for any debit entries that are determined to be in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until Holy Family Church (via mail at the address above) and DEPOSITORY have received written notification from me (or either of us) of its termination that is to be received at least three (3) days prior to the proposed effective date of the termination of the authorization to afford Holy Family Church and DEPOSITORY a reasonable opportunity to act on it.

Deposit Account Information:

Bank Name: _____ Branch: _____ Telephone: _____
Address: _____ City/State/Zip: _____
Routing Number: _____ (9 digits - located bottom left corner of checks)
Account Number: _____ Account Type: Checking Savings

Account Holder Information:

Account Holder's Name: _____

Indicate below the amount you wish to deduct in the appropriate category:

Stewardship Offering: General Collection \$ _____ per month on the 10th of the month.

Jubilee Campaign / Building Maintenance Fund \$ _____ per month on the 10th of the month.

Signature: _____ Date: _____

Attach a voided check here.

Place this form in a sealed envelope and return to Holy Family Church
via the Sunday collection at Mass or mail to our office at the address listed above.