

**ST. JOHN THE EVANGELIST CATHOLIC CHURCH**

**Confidential Attention : Karen Hagendorfer**

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**AUTOMATIC BANK DRAFT AUTHORIZATION**

(AN OPTION FOR OUR PARISHIONERS)

PLEASE PRINT

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Please automatically draft my account for the **Regular Offertory** collection: (Please choose only one option)

\$ \_\_\_\_\_ to the Regular Offertory on the **1st** of each month.

\$ \_\_\_\_\_ to the Regular Offertory **each Sunday** of the month.

\$ \_\_\_\_\_ **other** Regular Offertory **option** please specify: \_\_\_\_\_

- Please automatically draft my account for the **Building Fund** collection: (Please choose only one option)

\$ \_\_\_\_\_ to the Building Fund on the **1st** of each month.

\$ \_\_\_\_\_ to the Building Fund **each Sunday** of the month.

\$ \_\_\_\_\_ **other** Building Fund **option** please specify: \_\_\_\_\_

- Please automatically draft my account for the **Help Fund** collection: (Please choose only one option)

\$ \_\_\_\_\_ to the Help Fund on the **1st** of each month.

\$ \_\_\_\_\_ to the Help Fund **each Sunday** of the month.

\$ \_\_\_\_\_ **other** Help Fund **option** please specify: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH Debits)**

I (we) hereby authorize St. John Catholic Church to initiate debit entries to )our) [ ] **checking account** [ ] **savings account (select one)** at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until St. John Catholic Church has received a written notification from me (or either of us) of its termination in such time and in such a manner as to afford ST. JOHN and the DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ ID Number \_\_\_\_\_  
Please Print

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\* Attach a **voided** check for CHECKING accounts. \*Attach instructions from your bank for SAVINGS accounts.