

St. Raymond of Peñafort Parish
Authorization for Electronic/ACH Payment

Client Name: _____

I hereby authorize *St. Raymond of Peñafort Parish through United Bank* to initiate debits to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until St. Raymond of Peñafort Parish is notified by me in writing to cancel it in such time as to afford St. Raymond of Peñafort Parish and United Bank a reasonable opportunity to act on it. I understand that if the Fifth of the month falls on a weekend or holiday, this transaction may not be posted to my account until the next business day, and this is solely determined by the banks involved, not by St. Raymond of Peñafort Parish. I also understand that by signing this agreement, I am required to have the correct amount of funds in the account listed below on the Fifth of each month, and cannot alter the transaction date or amount at any time unless it is a permanent change or canceled in writing by any of the parties involved.

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP WITH ACCOUNT NUMBER

Bank Name: _____

Bank Address: _____

***Bank Routing Number:** _____

***Account Number:** _____

Account Type: _____

**These numbers are located on the bottom of your check as follows:*

<u>123456789</u>	<u>1234567890123</u>
<i>Routing Number</i>	<i>Account Number</i>

Set Amount \$ _____ **Start Date** _____ **End Date** _____

Client Signature: _____ **Date** _____

Signature St. Raymond Staff: _____ **Date** _____

I HEREBY CANCEL/REVOKE THE ABOVE TRANSACTION:

Client Signature: _____ **Date** _____

Signature St. Raymond Staff: _____ **Date** _____