

St. Paul Catholic Newman Center

1572 East Barstow Avenue, Fresno, CA 93710 - (559) 436-3434

Authorization Agreement for Direct Payments (ACH Debit)

I (we) hereby authorize St. Paul Newman Center, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter 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 _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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

Name _____ Envelope # (if known) _____

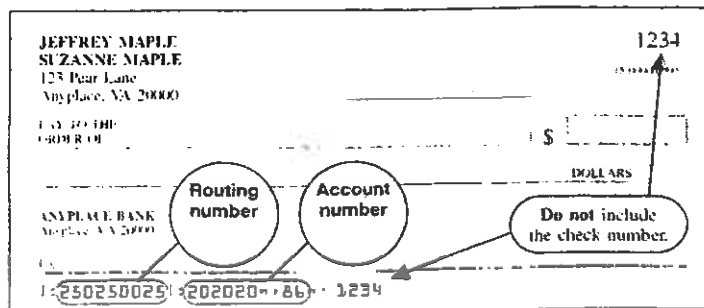
Date _____ Telephone # _____ Signature _____

Please select your draw date: Monthly 5th 16th OR Weekly draw will be every Friday

- Dollar Amount \$ _____ Sunday Contributions
- Dollar Amount \$ _____ Monthly Second Collection
- Dollar Amount \$ _____ Special Gift for: _____
- Dollar Amount \$ _____ Stewardship
- Dollar Amount \$ _____ Campus Ministry

NOTE: All Written Debit Authorizations MUST Provide That The Receiver May Revoke The Authorization Only By Notifying The Originator In The Manner Specified In The Authorization.

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.



The routing and account numbers may be in different places on your check.