

## Authorization Agreement for Direct Payments (ACH DEBIT)

Company Name: **Blessed Sacrament Parish**

I (we) hereby authorize Blessed Sacrament Parish, hereinafter called COMPANY, to initiate debit entries to my (our) [select one]:

☐ Checking Account      ☐ Savings Account

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: \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency: Monthly      Start Date [select one]: ☐ 1st OR ☐ 15th

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

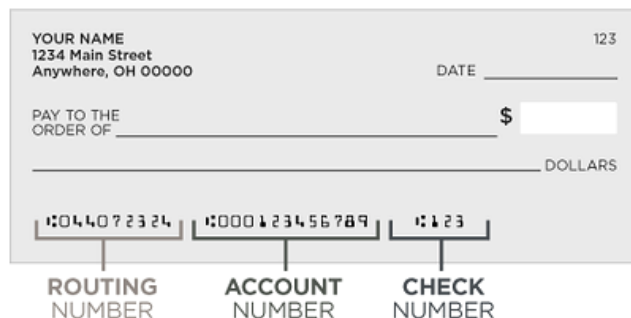
This authorization is to remain in full force and effect in until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Debits are processed through:

Coulee Bank at 1516 Losey Blvd S. La Crosse WI 54602-0845. 866-(784)-9550

Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_



YOUR NAME  
1234 Main Street  
Anywhere, OH 00000

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

⑆044072324    ⑆000123456789    ⑆123

ROUTING NUMBER      ACCOUNT NUMBER      CHECK NUMBER

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

**PLEASE RETURN COMPLETED FORM TO THE BSP OFFICE.**