

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS (ACH DEBITS)

**SAINT PIUS X CHURCH
5 BARBARA ST
SOUTH YARMOUTH, MA 02664
508-398-2248**

I (we) authorize Saint Pius X Church to initiate automatic electronic debit entries from my (our) (select one) ___ Checking Account or ___ Non-Passbook Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same from 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 (Bank)
Name _____ Branch _____

City _____ State _____ Zip _____

Routing
Number _____ Account Number _____

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

Name(s) _____ Parish Budget Envelope ID Number _____

Signatures(s) _____ Effective Date _____

Please indicate the frequency and amount being authorized below:

First Collection/Parish Support Monthly School Collection - Amount \$ _____
Frequency and Amount:

Weekly - Amount \$ _____ Periodic Second Collection* - Amount \$ _____

Monthly - 1st. Weekend of month - Amount \$ _____ Holy Day for St. Vincent DePaul - Amount \$ _____

* Periodic Second Collections are Diocesan or National and could occur often during any given month.

Other collections such as: the Christmas Collection, the Ash Wednesday Collection, and the Good Friday Collection, are NOT be available through ACH at the present time.

**PLEASE PROVIDE A VOIDED CHECK ALONG WITH THIS FORM AND RETURN TO:
ST. PIUS X CHURCH, 5 BARBARA ST, SOUTH YARMOUTH, MA 02664**

NOTE: Debit authorizations must provide that the St. Pius X Parish may revoke the authorization only by notifying the originator in the manner specified in the authorization.