

**ST. MARY PARISH
ACH AUTHORIZATION FORM**

Telephone number: _____ Date: _____

Name: _____
(please print)

Address: _____

City State Zip

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Is this a joint checking account: Yes No

If yes, what is the other party's name? _____

Customer Signature: _____

Second Party Signature (if joint account): _____

Amount of Contribution to the Operating Fund: _____

Amount of Contribution to the Debt Fund: _____

Date Funds are to be deducted. *You may choose the 15th or the 30th of the month:* _____

Month first transaction will occur: _____

By signing this document, you are authorizing St. Mary Parish to debit your checking account for the amount of your donation.

Please complete this form with the appropriate signatures, include a voided check, and return it to St. Mary Parish.