Immaculate Conception Catholic Church
Traverse City, Michigan

Direct Deposit of Offering/Contribution Authorization Form

I (we) hereby authorize Immaculate Conception Church to initiate debit entries to my (our) bank 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.

Account Type

☐ Checking Account ☐ Savings Account

Name(s) on the Account: _____

Bank or Credit Union Name _____

City, State, Zip Code _____

Branch Location _____

Your Account Number _____

Routing Number ABA* _____

** The first set of numbers in the lower left corner of your check*

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

FREQUENCY SELECTION ***(Select One)***

- ☐ **Weekly (posted each monday)**
- ☐ **1st of each month**
- ☐ **1st & 15th of each month**

CHECK THE APPROPRIATE BOX

- ☐ **New Authorization**
- ☐ **Change in Authorization**
- ☐ **Change in Account**

If the debit day falls on a legal holiday, then the debit transaction will be taken out the next business day.

$ _____ Designated amount of regular offertory contribution.

Immaculate Conception Church will debit your depository account by the selected frequency.

This authority is to remain in full force and effect until Immaculate Conception Church and my (our) bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford a reasonable opportunity to act.

Name (s) _____ _____

Please print Spouse or Second Signer **Please print**

Parish Envelope Number _____

First Signature _____

Second Signature _____

Date _____ Date received by Immaculate Conception office _____

Please return this form to the Parish Office for further processing

If you have any questions please contact Kelly Bolton the Office Administrator at
(231) 946-4211 ext 603