Immaculate Conception Catholic Church
720 Second Street
Traverse City, MI 49684

Authorization Agreement for Preauthorized Transfers

I (we) hereby authorize Immaculate Conception Church, hereinafter called Financial Institution, to initiate debit/credit entries to my (our) ___**Checking** ___**Savings** account (**select one**) indicated below and the depository named below, hereinafter called Depository, to debit/credit 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.

Bank or Credit Union Name_____

City, State, Zip Code_____

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)
- ☐ Monthly (1st Monday of each month)
- ☐ Twice monthly (1st & 15th of each month)

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

This recurring transaction is to begin on _____(date) In the amount of $_____

This authority is to remain in full force and effect until Immaculate Conception Church has received written notification within 15 days from me (or either of us) of its termination in such time and in such manner as to afford Immaculate Conception Church a reasonable opportunity to act on it. I am an authorized signer, or otherwise have authority to act, on the account identified above.

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 processing

If you have any questions please contact Kelly Bolton the Office Administrator at
(231) 946-4211 ext 603
Or
finance@immaculatetc.org