AUTHORIZATION FORM FOR
RECURRING AUTOMATED CLEARING HOUSE ("ACH") DEBITS

ST. CALLISTUS CHURCH
3580 San Pablo Dam Road
El Sobrante, CA 94803

I/we hereby authorize ST. CALLISTUS CHURCH to initiate an ACH Debit entry to my/our account from the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the monthly amount indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Bank Name:

_____

Depository Bank's branch location:

City: _____

State: _____ ZIP: _____

Account Number: _____

Routing Number: _____

Account Type (select one): ☐ Checking ☐ Savings

Frequency of donation (select one):

☐ Monthly (1st of the Month) Amount: $_____

☐ Twice per Month (1st & 15th of the Month) Amount: $_____

Effective Start Date: _____

The specific debit to my/our account authorized herein may only post after the effective date listed above and may not post to my account prior to said date. This authorization is to remain in full force and effect until ST CALLISTUS CHURCH has received written notification from me/us of termination in such time and in such manner as to afford ST. CALLISTUS CHURCH and DEPOSITORY a reasonable opportunity to act upon it. I may only terminate this authorization by contacting ST CALLISTUS CHURCH directly at the address stated above.

Print Name: _____

Signature: _____

Date: _____