

Authorization Agreement for Direct Payments (ACH DEBIT)

Company Name: **Blessed Sacrament Parish**

I (we) hereby authorize Blessed Sacrament Parish, hereinafter called COMPANY, to initiate debit entries to my (our) [select one]:

Checking Account Savings 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.

Depository Name: _____

Amount: _____ Frequency: Monthly Start Date [select one]: 1st OR 15th

Routing Number: _____ Account Number: _____

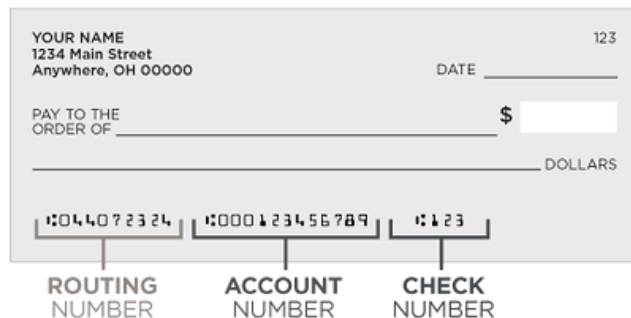
This authorization is to remain in full force and effect in until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Debits are processed through:

Coulee Bank at 1516 Losey Blvd S. La Crosse WI 54602-0845. 866-(784)-9550

Name(s): _____

Signature(s): _____ Date: _____



Please attach a VOIDED CHECK to this authorization if a checking account will be credited.

PLEASE RETURN COMPLETED FORM TO THE BSP OFFICE.