



**TOWERbank**

Authorization Agreement for Direct Payment

I (we) hereby authorize \_\_\_\_\_ Our Lady of Good Hope Catholic Church to initiate debit entries to my (our) \_\_\_\_\_ Checking \_\_\_\_\_ Savings account (select one) indicated below and the financial institution named below to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of all applicable state and federal laws and regulations.

Financial Institution Name \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Routing Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authority is to remain in full force and effect until Our Lady of Good Hope Catholic Church has received written notification from me (or either of us) of termination of this authorization in such time and in such manner as to afford Our Lady of Good Hope Catholic Church and the Financial Institution a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ ID Number \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Envelope #: \_\_\_\_\_ Date of Withdraw: \_\_\_\_1<sup>st</sup> of month or \_\_\_\_15<sup>th</sup> of month

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM!