

St James Catholic Church
1010 S. Lansing St., Mason MI 48854 - 517 676-9111
Direct Deposit Authorization Agreement (ACH) for Sunday Offering

Parishioner Information			
Name(s) on Account (Please Print)	Phone Number		
Address	City	State	Zip
St. James Envelope Number: _____			
I Authorize the Following:			
<input type="checkbox"/> New Payment from the Account Specified Below <input type="checkbox"/> Change my Existing Contribution <input type="checkbox"/> Discontinue Payment from the Account Specified Below			
Financial Institution Information (Provide Information below for one Account Only)			
Financial Institution Name:			
Branch:	City	State	Zip
Account Number:	Routing Number:		
Account Type: <input type="checkbox"/> CHECKING (Please attach a VOIDED check if possible) <input type="checkbox"/> SAVINGS (Please attach a DEPOSIT slip if possible)			
Authorization Effective Date: ___/___/___			
Contribution Schedule (Please Choose Weekly or Monthly)			
Sunday Offering Choose Weekly or Monthly option	<input type="checkbox"/> WEEKLY - Each Monday Amount \$_____ Starting ___/___/___		
	<input type="checkbox"/> MONTHLY - Choose the Monday Amount \$_____ Starting ___/___/___		
	() First Monday of Month		
	() Second Monday of Month		
	() Third Monday of Month		
() Fourth Monday of Month			
() Last Monday of Month			
<input type="checkbox"/> Monthly Authorization			
I (we) hereby authorize St. James Church to debit the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there may be a non-sufficient funds (NSF) fee charged to my account by my financial institution for NSF debits.			
Authorized Account Holders Signature(s): _____			
Date: ___/___/___			
For CHECKING or SAVINGS Account debits, please attach a Voided Check or Savings Deposit slip if possible			
If you need assistance completing this form, Please Call 676-9111 Thanks for your continued support of St. James !!! Fr Kusi			