

# DIOCESE OF GARY PARISH ACH PAYMENT & DEPOSIT AUTHORIZATION



I \_\_\_\_\_, of \_\_\_\_\_ authorize, for a five-year period from \_\_\_\_\_  
 (Full Name) (Parish or School name)  
 the date of signature, the Diocese of Gary Finance Department to charge my bank account (indicated below) each month for Diocesan A/R monthly charges (i.e. Quota, DIP, Auto, and Health & Life). I would like the payments to be made on:

- the 10<sup>th</sup> (or first business day after the 10<sup>th</sup>) every month
- the 20<sup>th</sup> (or first business day after the 20<sup>th</sup>) every month
- the 25<sup>th</sup> (or first business day after the 25<sup>th</sup>) every month

In addition, I authorize the following transactions separate from above:

- the Diocese to use ACH for savings deposits:  Yes  No \_\_\_\_\_  
Amount      \_\_\_\_\_  
Date
- the Diocese to use ACH for savings withdrawals:  Yes  No \_\_\_\_\_  
Amount      \_\_\_\_\_  
Date
- The Diocese to use ACH for loan payments:  Yes  No
- Loan payments: \_\_\_\_\_  per Pastor's approval letter monthly standard amount paid or  
 Date or  other amount \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_  
**ROUTING NUMBER:** \_\_\_\_\_



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Diocese of Gary Finance Department in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Priest &/or Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name & Title: \_\_\_\_\_

\*For Internal Use Only

ACH Processed: Initials \_\_\_\_\_

Date \_\_\_\_\_