Immaculate Heart of Mary Church
3815 S. Cedar Street
Lansing, Michigan 48910

I (we) hereby authorize Immaculate Heart of Mary Church to initiate debit entries to my (our) account indicated below at the depository financial institution names below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Account Type

☐Checking Account ☐Savings Account

Name(s) on the Account:_____

Bank or Credit Union Name:_____

City, State, Zip Code of Bank or Credit Union:_____

Branch Location:_____

Your Account Number:_____

Routing Number ABA:_____

The first set of numbers in the lower left corner of your check

CHECK THE APPROPRIATE BOX

☐New Authorization
☐Change in Authorization
☐Change in Account

<u>Please Attach a Voided Check to this Form</u>

FREQUENCY SELECTION	**DESIGNATED AMOUNT**
☐1st of each month	$_____
☐15th of each month	$ _____
☐1st and 15th of each month	$ _____(individual amount for the 1st and 15th)
☐15th and 28th of each month	$ _____(individual amount for the 15th and 28th)
☐28th of each month	$ _____

If the debit day falls on a legal holiday, then the debit transaction will be taken out the next business day.

Immaculate Heart of Mary Church will debit y our depository account by the selected frequency.

This authority is to remain in full force and effect until Immaculate Heart of Mary Church and my (our) bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford a reasonable opportunity to act.

Name(s)_____ _____
(Please Print) Spouse or Second Signer

Envelope Number _____

First Signature _____Date_____

Second Signature_____Date_____

Please return this form to the parish office for further processing.
You will receive a written notice of the date of the initial debit to your depository account.

Date received by Immaculate Heart of Mary Church_____