

ACH PREAUTHORIZED PAYMENTS AGREEMENT (DEBITS)

St. James Church

ORIGINATING COMPANY NAME

61-0444806

COMPANY TAX ID NUMBER

This is my authorization to St. James Church to automatically debit my _____
checking _____ savings account that is listed below. I understand the transaction
date will be designated by St. James Church.

BANK NAME/BRANCH

CITY

STATE

ZIP CODE

BANK TRANSIT/ABA NUMBER

ACCOUNT NUMBER

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

(All Transactions Are Withdrawn on the 15th of Each Month.)

Debit for Stewardship: \$ _____ Beginning _____ Ending _____

PARISHIONER NAME(S)

PARISHIONER ID NUMBER

ADDRESS

CITY/STATE

ZIP CODE

SIGNATURE

DATE

SIGNATURE

DATE