Hills Bank
and Trust Com11a1111

Holy Family Parish
Authorization for Direct Debit

I (We) hereby authorize one of the following:

Holy Family Parish (Company)

(hereinafter called Company) to initiate debit entries to my (our) account(s) indicated below on or about the:

(Please select one of the date options)

□ 1st of the month

□ 15th of the month

$_____**(Please fill in the monthly amount you wish to give)**

The depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Bank or Credit Union Name: **Branch:**_____

City:_____ **State:**_____ **ZIP:**_____

Routing Number:_____ **Account Number:** _____

(Please select one of the account options)

□ Checking Account

□ Savings Account

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name(s): _____

Signature:_____ **Date:**_____

Address:_____ **Phone:** _____

Email address: .....

Please attach a **Voided Check** here.