

**AUTHORIZATION FORM FOR  
RECURRING AUTOMATED CLEARING HOUSE ("ACH") DEBITS**

**ST. CALLISTUS CHURCH  
3580 San Pablo Dam Road  
El Sobrante, CA 94803**

I/we hereby authorize ST. CALLISTUS CHURCH to initiate an ACH Debit entry to my/our account from the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the monthly amount indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Bank Name:

\_\_\_\_\_

Depository Bank's branch location:

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Type (select one):     Checking     Savings

Frequency of donation (select one):

Monthly (1<sup>st</sup> of the Month)                      Amount: \$ \_\_\_\_\_

Twice per Month (1<sup>st</sup> & 15<sup>th</sup> of the Month)    Amount: \$ \_\_\_\_\_

Effective Start Date: \_\_\_\_\_

The specific debit to my/our account authorized herein may only post after the effective date listed above and may not post to my account prior to said date. This authorization is to remain in full force and effect until ST CALLISTUS CHURCH has received written notification from me/us of termination in such time and in such manner as to afford ST. CALLISTUS CHURCH and DEPOSITORY a reasonable opportunity to act upon it. I may only terminate this authorization by contacting ST CALLISTUS CHURCH directly at the address stated above.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_