

Our Lady of the Gulf Catholic Church

228 South Beach Blvd., Bay St. Louis, MS 39520

Phone (228) 467-6509 Fax (228) 467-6509

Direct Debit Authorization Form for Our Lady of the Gulf Parish Families

Name on Account: _____

Address: _____

City, State, Zip: _____

Account Holder's Phone (H): _____ (O) _____ (C) _____

I authorize the following:

New Payment from Account Specified Below

Change indicated Below

Discontinue Electronic Funds transfer from account Below

Account Information

Bank Name: _____ City: _____

Account Type: Checking (please attach voided check)

Savings

Routing Number: _____ Account Number: _____

Authorization Effective Date: ___/___/___/

Contribution Schedule

Fund Type	Payment Schedule	Amount	Payment Start Date	Direct Debit Date
Regular Collection	<input type="checkbox"/> Weekly	\$	___/___/___/	<input type="checkbox"/> Every Monday
	<input type="checkbox"/> Twice a Month			<input type="checkbox"/> 1 st & 3 rd Mondays
	<input type="checkbox"/> Monthly			<input type="checkbox"/> 2 nd Monday

We (I) acknowledge that the origination of ACH transactions to our (my) account must comply with the provisions of U.S. Law.

I authorize Our Lady of the Gulf Church to debit the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$5 (five dollar) non-sufficient funds fee (NSF) charged to my account for NSF debits.

Authorized account signature: _____ Date: _____

Print Name: _____

Office Use Only: Envelope No. ____