

**ST. THOMAS THE APOSTLE CATHOLIC CHURCH
LONG BEACH, MS**

**ELECTRONIC DRAFT AUTHORIZATION
(Authorization Agreement for Electronic Transfer of Funds)**

Please complete the following and **enclose a voided check** on the account you want drafted. This will allow electronic transfer of funds from your account to the account of St. Thomas the Apostle Catholic Church.

Please check one:

Checking Account No. _____ Name of Bank: _____

Savings Account No. _____ Name of Bank: _____

Please choose to have your account listed above drafted as follows:

Once each month either on _____ Monday following the first Sunday **or**
_____ Monday following the third Sunday

Weekly (your account will be drafted **every Monday**)

Amount to be drafted for the General Fund: \$ _____

Your signature gives St. Thomas the Apostle Parish permission to draft your account listed above with the information provided by your voided check.

This authorization may be changed at any time. It will remain in effect until you notify St. Thomas the Apostle Parish in writing that the draft should be changed or discontinued.

Please allow two weeks for the church and bank to act upon your instructions. Unless you specify otherwise, this draft will take effect as of the first day of the month following the date you sign the form, provided the bank has had time to act upon your instructions.

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

Your Signature: _____ Date: _____, 200____.

Print Name: _____

Office Use Only: Envelope No. _____