

Sign Up Today for EZ Autopay!

It's Simple – Just Complete and Return to **St. Bridget Parish**

Weekly giving amount: \$ _____ (week) X 52 = \$ _____

Holy Days: \$ _____ (day) X 4 = \$ _____

Easter: \$ _____ \$ _____

Christmas: \$ _____ \$ _____

Total \$ _____ divided by 12 = \$ _____ Monthly Amount

Authorization agreement for direct payments (ACH debits)

I will continue using my envelopes until the Sunday before the 5th day of _____ (month) at which time St. Bridget Parish is hereby authorized to initiate debit entries to my (our) account on the 5th day of each month for the above monthly amount and I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. Law.

Account # _____ Checking Savings Financial Institution: _____

Routing # _____ Address _____ City _____ State ____ Zip _____

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

X _____ x _____

Signature _____ Date _____ Signature _____ Date _____

Printed Name: _____ Printed Name _____

Address _____ City _____ State ____ Zip _____

Please attach a voided check from the account that you wish to use! Thank you.