

St. Andrew Church



ACH Authorization Form

ACH/Electronic Banking ELECTRONIC BANKING* is free, easy and Secure and can be withdrawn from your checking or savings account weekly or monthly. Print and complete the form below, attach a voided check and return to the church office.

I authorize St. Andrew Church and the financial institution named below to initiate entries to my checking/savings account in the amount of \$ _____.00, Monthly Weekly. My envelope number is _____. This authority will remain in effect until I notify you in writing to cancel it is such time as to afford the financial institution a reasonable opportunity to act on it. I can also stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(Name of Financial Institution) (Branch)

(City) (State) (Zip)

(Signature) (Date) (email address)

(Name-Please print) (Phone Number)

(Address on bank account-Please print) (State) (Zip)

About your account: (Please check one) Checking Savings

Account No.: _____

Financial Institution Routing Number: _____

Return this form to the Church Office:

St. Andrew Church
Attention: Bridget Crochet
PO Box 310
Amelia, LA 70340

If you have any questions call 985-446-5571.
We recommend you have a copy made of this agreement for your records.

Attached Voiced Check Here and Return to the Parish Office

