

**ALL SAINTS CATHOLIC CHURCH
1204 LOGAN STREET
HOLDREGE, NE 68949
(308) 995-4590**

Please return this form
to the parish office with
a voided check

Authorization Agreement for Automatic ACH Payments

Name: _____

Address: _____ State: _____ Zip Code: _____

Withdrawn From:

(Attach Voided Check or Photocopy)

Checking Account # _____

ABA Routing # _____

Monthly Withdrawal (\$) _____

Bank Name _____

Name on Account: _____

I hereby authorize the First State Bank of Holdrege to deposit to the account indicated below

on the _____ (15th or 30th) day of the month beginning _____

This authorization will remain in effect until I have cancelled it in writing.

Signature

Date

Parish Office will complete this box

Deposit to:

Checking Account # _____

ABA Routing # _____

Bank Name *First State Bank of Holdrege*

Name on Account: *All Saints Catholic Church*