



SAINT AUGUSTIN PARISH

545 42ND STREET, DES MOINES, IOWA 50312-2706
PHONE (515) 255-1175 / FAX (515) 255-7969

EMAIL: INFO@STAUGUSTIN.ORG
WWW.STAUGUSTIN.ORG

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize St. Augustin Church to initiate debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Withdrawals are for the purpose of paying our tithes to St. Augustin Church.

Financial Institution _____ Account Number _____

Financial Institution Routing Number _____

Type of Account _____

Options for Withdrawals:

Indicate amount desired for payment time requested:

Monthly (Once a Month):

1st of Month \$ _____ or 15th of Month \$ _____

-OR-

Pay Twice Monthly on the 1st and 15th: \$ _____
(Same amount two times a month.)

Starting Date: _____

Name (please print): _____

Address: _____

City / State / Zip: _____

Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK! Thank you!

If you have any questions, please call Kevin Heim, Accountant, at (515) 255-1175, ext. 204. You will no longer be receiving tithe envelopes unless you request to remain on that mailing list. You will remain on all other parish mailings.

Date Received: _____