

St. Ann Catholic Church - Lizana, MS

23529 HWY 53 Gulfport Ms 39503

Parish Office: (228) 832-2560 Administrator: (228) 234-4501

Name as appears on account: _____

Address as appears on account: _____

City, State, Zip as appears on account: _____

Account holders phone (home) _____ (cell) _____

(work) _____ (fax) _____

I the authorized account holder listed above hereby authorize St. Ann Catholic Church, Hancock Bank. & MJD & Associates, LLC (the administrator) to initiate the following:

Please initial actions to be taken.

New ACH debit payment (payment to St. Ann) from account specified below

New ACH credit deposit if necessary correction for any debit entries in error

If signing up for direct debit please also initial direct credit so funds may be put back into your account.

Change indicated below

Discontinue electronic funds transfer from account specified below.

Bank Name: _____ City: _____

Account type: Checking (please attach voided check)
 Savings

Routing Number: _____ Account Number: _____

Authorization effective date: Month: _____ Day: _____ Year: _____

Fund Type	Payment Schedule	Direct Debit Date	Amount
Regular Collection	<input type="checkbox"/> Weekly	Every Monday	\$ _____
	<input type="checkbox"/> Twice a month	1st & 3rd Monday	\$ _____
	<input type="checkbox"/> Monthly	1st Monday	\$ _____

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

I authorize St. Ann Catholic Church to debit and if necessary credit the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I (we) understand there will be applicable bank fees for non-sufficient funds (NSF) charged to my account for non-sufficient funds (NSF) debits.

Authorized account signature: _____ Date: _____

Print Name: _____