

AUTHORIZATION TO TRANSFER FUNDS

Legends Bank, on behalf of Immaculate Conception Church, Loose Creek, MO, is hereby authorized to transfer funds from my/our account:

Bank Name: _____

Routing Number: _____

Account Number: _____

in the amount of \$_____, starting the _____ day of _____, 20____.

Please take out of my/our account: (Circle one)

Weekly (Friday or Monday) - 15th or 30th day of the month

This authorization is made at the account holder's request and shall remain in effect until _____ or cancelled in writing by the undersigned.

Date: _____

By: _____

Account Holder Signature

By: _____

Account Holder Signature

Please cancel the above authorization for pre-authorization transfer.

Cancellation Date: _____

By: _____

Account Holder Signature

By: _____

Account Holder Signature

Please mail the ACH Form to: Immaculate Parish – ACH Fund - PO Box 8 - Loose Creek, MO 65054