

St. Mary Parish
Authorization for Electronic/ACH Payment

Client Name: _____

I hereby authorize St. Mary Parish through United Bank to initiate debits to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until St. Mary Parish is notified by me in writing to cancel it in such time as to afford St. Mary Parish and United Bank a reasonable opportunity to act on it.

I understand that if the **fifth of the month** falls on a weekend or holiday, this transaction may not be posted to my account until the next business day, and this is solely determined by the banks involved, not by St. Mary Parish. I also understand that by signing this agreement, I am required to have the correct amount of funds in the account listed below on the Fifth of each month, and cannot alter the transaction date or amount at any time unless it is a permanent change or canceled in writing by any of the parties involved.

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP WITH ACCOUNT NUMBER

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____

Account Number: _____

Account Type: _____

These numbers are located on the bottom of your check as follows:

123456789
Routing Number

1234567890123
Account Number

Monthly Set Amount \$ _____ Start Date _____ End Date _____

Phone # _____ Cell # _____

Client Signature: _____ Date _____

Signature St. Mary Parish: _____ Date _____

I HEREBY CANCEL/REVOKE THE ABOVE TRANSACTION:

Signature: _____ Date _____

Signature St. Mary Parish: _____ Date _____