

**LIVINGSTON STATE BANK
ACH DEBIT AUTHORIZATION AGREEMENT
ON BEHALF OF QUEEN OF ALL SAINTS PARISH**

AUTHORIZATION AGREEMENT – FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

The undersigned authorizes and directs Livingston State Bank to debit the indicated account(s).

Please withdraw \$_____ from my account at the frequency indicated below and begin withdrawals after

____/____/____.

(date)

Frequency: Weekly Semi-Monthly Monthly _____

(Friday) **(the 15th and the last day of each Month)** **(day of month)**

FROM ACCOUNT

ROUTING NUMBER(1)	FINANCIAL INSTITUTION NAME(3)
ACCOUNT NUMBER(2)	CITY, STATE, ZIP(4)

ACCOUNT TYPE: Checking Savings

NAME(S) ON ACCOUNT (PLEASE PRINT)

PLEASE DO NOT WRITE IN THIS SECTION.

TO ACCOUNT

ROUTING NUMBER(1)	FINANCIAL INSTITUTION NAME(3)
ACCOUNT NUMBER(2)	CITY, STATE, ZIP(4)

ACCOUNT TYPE: Money Market Account

NAME(S) ON ACCOUNT (PLEASE PRINT)

If you need help completing this form, please call Mary Ann in the parish office at 822-3520.

1. Transit/ABA Number – this is the routing # of your bank. This is the 9-digit number located on the bottom left of your checks. If you are requesting that we withdraw this money from a savings account, please contact your bank for this number.
2. Account Number – this is the account number you wish us to withdraw your contributions from.
3. Depository Name – this is the name of your bank.
4. City, State, Zip – this is the address for your bank.

OVER →

Check here if you no longer wish to receive your monthly contribution envelopes.

Please read the disclaimer provided by Livingston State Bank and sign where indicated at the bottom of this page.

Also, if you are having money withdrawn from a checking account, please include a voided check. This form and your voided check should be returned to the parish office for processing.

Thank you.

Dated: ____/____/____

By: _____
Livingston State Bank

Approval: _____
Signature of Officer

Livingston State Bank has the right to decline originating transfers for any reason, including but not limited to, our belief that the request (a) is not initiated in accordance with Bank procedures, including any security procedure, (b) would result in a charge against funds that are determined by Livingston State Bank to be uncollected or insufficient, (c) is ambiguous, (d) is cancelled or amended, or (e) is not possible because of equipment failure. Any transfer in which sufficient funds are not available in the Originator's account is subject to Bank's normal charges for overdrafts and costs of collection, including reasonable attorney's fees. If multiple transfer requests are made and Originator's account balance is not sufficient to cover the amount of the requests, Livingston State Bank will, at its discretion process as many as able, with the funds that are available.

This agreement will remain in effect until Livingston State Bank has received written notification of its termination in a time and manner that allows a reasonable opportunity to act on the request. Livingston State Bank may terminate this service at any time with 10 days' notice mailed or delivered to originator.

No charges will be made to this request or this request will not be discontinued without notifying Livingston State Bank.

By: _____
Customer Signature

Date: ____/____/____