**Our Lady of the Mountain Roman Catholic Congregation, Inc.**

300 East Oldtown Road, Suite 2, Cumberland, MD 21502

[www.OLMCumberland.org](http://www.OLMCumberland.org) 301-777-1750 OLMCumberland@archbalt.org

 **ACH Offertory Authorization Form**

I (we) authorize Our Lady of the Mountains Roman Catholic Congregation, Inc. to electronically debit my (our) account (And, if necessary, electronically credit my (our) account to correct erroneous debits[[1]](#footnote-1)) as follows: **(Weekly debits will occur each Friday)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Envelope #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Checking Account (please attach a voided check) / [ ]  Savings Account

at the depository financial institution named below.

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository (BANK) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEEKLY:**

Amount of **WEEKLY** debit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of first **WEEKLY** debit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

**MONTHLY:**

Amount of **MONTHLY** debit**: $\_\_\_\_\_\_\_\_\_\_** Occurringon the: **4th \_\_\_\_\_ or** **15th\_\_\_\_\_**

Month in which to start **MONTHLY** debit: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I (we) understand that this authorization will remain in full force and effect until I (we) notify Our Lady of the Mountains in writing, by phone, or in person that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 7 days prior notice in order to cancel this authorization.[[2]](#footnote-2)

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_//\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print) (Please Print)

Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_//\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR COMPANY USE ONLY

Note: Signed authorization must be retained for a period of two years following the termination of revocation of the authorization.

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The NACHA Operating Rules do not require the consumer’s express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors. [↑](#footnote-ref-1)
2. Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., “In writing by mail to OLM 201 North Centre Street Cumberland, Md. 21502 that is received at least three (3) days prior to the proposed effective date of the termination of authorization”). [↑](#footnote-ref-2)