

____ New

Amount to be taken out \$ _____

____ Amended

Withdrawal date: _____

Initials: _____

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize St. Peter Catholic Church, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

_____ (Financial Institution Name)

_____ (Address) _____ (City-State) _____ (Zip code)

Type of account: _____ Checking _____ Savings
_____ (Routing/Transit number) _____ (Account Number)

This authority is to remain in full force and effect until COMPANY had received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ (Print individual name) _____ (Print individual ID number)

_____ (Signature) _____ (Date)

Parish ID #: _____

_____ (phone number) Title: _____ OR School Fees: _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
(Customer retains second copy)