AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

For Office Use Only

Company Name ST MICHAEL CHURCH. CRANFORD. NJ 07016 **Company ID Number** _____

I (we) hereby authorize St. Michael's Church, hereinafter called COMPANY, to initiate debit entries to my (our) __Checking Account / __Savings Account (select one) indicated below in the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Contribution Information

Contribution Amount Collected (check one):

$ _____ Weekly (Transferred on Mondays)

$ _____ Monthly (The 1st or 15th CIRCLE ONE)

$ _____ Tuition (The 20th of the month July-Apr)

Depository Name _____ **Branch** _____

City _____ **State** _____ **Zip Code** _____

Routing Number _____ **Account Number** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford COMP ANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ **Envelope Number** _____

_____ **Telephone Number** _____

Address _____ **City/State/Zip** _____

Date _____ **Signature(s)** _____

_____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP