

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company: St. James Lutheran Church

Company Tax ID No: _____

I, hereby authorize St. James Lutheran Church, hereinafter called COMPANY, to initiate debit entries to my account(s), indicated below, at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I authorize the company to initiate credit entries to my account(s) if funds are debited from my account(s) in error.

Complete your account information

Checking Account No: _____

OR

Savings Account No: _____

Depository Name: _____ **City** _____ **St** _____
(Customer's Financial Institution)

Fin. Inst. Routing No: _____

Begin debit date: _____ **Amt:** _____ **Frequency:** _____

This authorization is to remain in full force and effect until St James Lutheran Church has received written notification from me of its termination in such time and such manner as to afford Company and Depository a reasonable opportunity to act on it.

Member Name: _____ **Env #** _____

Member Address: _____

Signature: _____ **Date:** _____

PLEASE ATTACH A VOIDED CHECK