



CHRIST KING SCHOOL

ACH DEBIT AUTHORIZATION AGREEMENT

Please Complete the Following:

Depository Name—Financial Institution that will receive the debit transactions

Transit/ABA Number—Financial Institution’s transit/ABA number

City/State, Zip—Financial Institution’s address

Account Number—Checking or Savings account number

Date—Date the Authorization Agreement is completed

Identification Number—Account owner’s Social Security number

Name—Account owner’s printed name and signature

Name—Joint account holder’s printed name and signature. If a joint account, information on both account holders is required on the authorization form.

AUTHORIZATION AGREEMENT—FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME Christ King Parish		COMPANY ID NUMBER 39-0806444
I (we) hereby authorize Christ King Parish hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account		
DEPOSITORY NAME	BRANCH	TRANSIT/ABA NUMBER
CITY, STATE, ZIP	ACCOUNT NUMBER	
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) has the right to stop payments of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debt immediately credited to my account by DEPOSITORY, provided that I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.		
	DATE	IDENTIFICATION NUMBER
NAME (PLEASE PRINT)		NAME (PLEASE PRINT)
SIGNATURE		SIGNATURE