

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBIT)**

COMPANY NAME Sts. Peter & Paul Catholic School COMPANY ID# (Leave blank)

I/We hereby authorize the COMPANY (named above) to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry to my/our account at the DEPOSITORY (identified below), for the purpose of automatically debiting payment of funds from my/our account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

DEPOSITORY NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_ PHONE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_  
(see attached voided check)

ACCOUNT NUMBER: \_\_\_\_\_  
Circle one: checking or savings

Please circle one: New Authorization  
Change to Previous  
Termination

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) (Print or Type): \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)