7710 Hwy 42, Box 49, Egg Harbor, WI 54209-0049 (920) 868-3241 www.stellamarisparish.com TM

## **Authorization Agreement for Direct Deposits (ACH Debits)**

Company Name: Stella Maris Parish

I (we) hereby authorize Stella Maris Parish, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. A credit transaction maybe initiated to correct any errors

Depository Name:		
City:	State:	
Routing Number:		_ Account Number:
Dollar Amount:		Payment monthly on the 15th
written notification from	me (or either of	te and effect until COMPANY, has received 10 day us) of its termination in such time and in such POSITORY a reasonable opportunity to act on it.
Name(s):		
Date:	_ Signature:	
	Signature:	

Please Attach A Voided Check Along With This Authorization