

**MATERNITY BVM PARISH
AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH DEBITS)**

I (We) hereby authorize **Peoples Bank of Kankakee, 333 E. Court St, Kankakee, IL** herein after called COMPANY, to initiate **debit** entries to my (our) account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, 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.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

Type of Account:

(Routing/Transit Number) (Account Number) Checking _____ Savings _____

Date of transaction Start: ____/____/____ Amount of Transaction \$ _____ per month

New Authorization ☐ Change to Previous ☐ Termination ☐

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

(Print Individual Name) (Address)

(Signature) (City/State/Zip)

(Date) (E-Mail Address and Phone Number)

PLEASE ATTACH COPY OF VOIDED CHECK OR DEPOSIT SLIP HERE

(If you use a deposit slip, please verify that the routing number is the same as what is on your checks, and that your bank allows it.)

Peoples Bank account to be credited: Type of Account: Checking Account Number: 55525