

Authorization Agreement for Direct Payments (ACH Debits)

I (We) hereby authorize St. John Evangelist Church to initiate debit entries to my (our) Personal Checking Account Business Checking Account Personal Savings Account Business Savings Account (select one) at the financial institution named below and to debit the same to my account. I (We) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of U.S. law.

I (We) hereby authorize the following amount to be debited to my (our) account on either or both of the following monthly dates:

_____ 10th of the month

_____ 25th of the month

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

Please start withdrawals from bank account on _____.
Effective date (ex. May 10 or May 25, 2017)

Depository Name		Address
City	State	Zip

Depository's Transit Routing Number

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Account Number Information

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Name	
Signed	Date

NOTE: A voided check must accompany this authorization.