

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**For Office Use Only**

**Company**  
**Name** ST MICHAEL CHURCH. CRANFORD. NJ 07016

**Company**  
**ID Number** \_\_\_\_\_

I (we) hereby authorize St. Michael's Church, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below in the depository financial institution named below, hereafter called DEPOSITORY, and 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.

**Contribution Amount Collected (check one):**

**Contribution Information**      \$ \_\_\_\_\_ **Weekly (Transferred on Mondays)**  
  \$ \_\_\_\_\_ **Monthly (The 1<sup>st</sup> or 15<sup>th</sup> CIRCLE ONE)**  
  \$ \_\_\_\_\_ **Tuition (The 20th of the month July-Apr)**

**Depository Name** \_\_\_\_\_ **Branch** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Routing Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

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

**Name(s)** \_\_\_\_\_ **Envelope Number** \_\_\_\_\_

\_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature(s)** \_\_\_\_\_

\_\_\_\_\_

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP**