

## AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

(ACH DEBITS) *Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.*

I (we) authorize Immaculate Conception Catholic Church, Macon ("Company") to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

**Please check all that apply and complete the banking information for each category.**

**CATHOLIC HOT LUNCH** \$ \_\_\_\_\_ [MONTHLY X # OF STUDENTS]

- Checking Account**     **Savings Account** (*select one*) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name \_\_\_\_\_

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

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**TUITION** \$ \_\_\_\_\_ [MONTHLY]

- Checking Account**     **Savings Account** (*select one*) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name \_\_\_\_\_

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

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**TITHING** \$ \_\_\_\_\_ [MONTHLY]

- Checking Account**     **Savings Account** (*select one*) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name \_\_\_\_\_

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

Beginning Date: \_\_\_\_\_

***Pulled on the 15<sup>th</sup> of every month,***

***[on DAY before or DAY after or MONDAY following if 15<sup>th</sup> falls on holiday or weekend]***

I (we) understand that this authorization will remain in full force and effect until I (we) notify Immaculate Conception Catholic Church, Macon in writing that I (we) wish to revoke this authorization. I (we) understand that Immaculate Conception Catholic Church, Macon requires at least 30 days prior notice in order to cancel this authorization.

Name: \_\_\_\_\_

(Please Print)

(Signature)

(Date)

**ATTACH VOIDED CHECK HERE**

[Mandatory—will not process if not received.]  
*(Do not use a deposit ticket or temporary check)*