

Authorization Agreement

Direct Deposit

Direct Deposit via ACH is the transfer of funds from a consumer account for payroll, employee expense reimbursement, interest payments and other refunds.

I (we) hereby authorize Grace Episcopal Church, hereinafter called COMPANY, to electronically credit my (our) account indicated below (and if necessary to electronically debit my/our account to correct erroneous credits). I / we agree that ACH transactions I / we authorize comply with all applicable law.

Primary Account:

Amount to Deposit\$ _____

Financial Institution Name

Address

City / State

Zip

Routing Number

Account Number

Type of Account:

Checking

Savings

Second Account:

Amount to Deposit\$ _____

Financial Institution Name

Address

City / State

Zip

Routing Number

Account Number

Type of Account:

Checking

Savings

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

Print Name

Signature

Date

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM