

Our Lady of Mount Carmel

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Our Lady of Mount Carmel**

Company ID Number: _____

I (we) hereby authorize **Our Lady of Mount Carmel**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the dollar amount indicated below 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.

Depository

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing

Account

Number: _____ Number: _____

Check type of Account: Checking Account [] Savings Account []

Amount to be debited: _____

Frequency of payment (check one): [] Weekly
[] Monthly

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (please print)

Name (please print)

X _____
Signature Date

X _____
Signature Date

Yes No Please circle YES to continue or NO to stop receiving envelopes