

ACH AUTHORIZATION FORM
(DIRECT DEBIT PROGRAM)

Your Personal Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

1. Your Financial Institution

Bank Name: _____

Address: _____

Phone Number: _____

Withdraw funds from: Please attach voided check

Checking Amount: _____ Savings Amount: _____

Date (circle date or dates for deductions): 5th 20th

Acknowledgement and Agreement

You authorize St. Peter's Episcopal Church and its successors and assigns to initiate debt entries as indicated above. You further authorize your financial institution noted above to debit your account. If a debit is not made, you will promptly remit the total monthly payment plus any fees due.

This ACH Direct Debit Program Authorization may be canceled by either party with 30 days advance notice

Signature

Date

Signature

Date