ACH Debit Authorization Form

This form MUST be accompanied by a Printed Voided Check or Bank Letter Delete \square Change \Box Add \square Affiliated/Vendor/Donor Name: Address: City: State: Zip: Phone: ______ Email : ______ (need for remittance advice) **Funds Settlement Information** Bank Name: Account Owner: Account Name: Address:_____
 City:
 State:
 Zip:

 Routing # (9 digits)
 Account #
Number of Payments: _____Payment Amount: _____ First Payment Due: Date during the month when you want to pay? Circle one 5th, 7th, 10th, 15th, 20th, other date _____ I/We ______, hereinafter authorizes Our Lady of Lavang Parish to initiate Debit/ACH transfer entries and to credit/debit the account identified herein for commissions provided relating to Our Lady of Lavang Parish. This authorization shall remain in effect unless and until Our Lady of Layang Parish has received written notification from Affiliate and bank that this authorization has been terminated in such time and manner to allow Our Lady of Lavang Parish to act. Undersigned represents and warrants to Our Lady of Lavang Parish that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct. Account Owner Signature Date Print Name and Title

ATTACH PRE-PRINTED VOIDED CHECK OR

BANK LETTER

ACH commission settlement is available for most bank accounts in the United States, Australia, Canada, Europe, Mexico, and New Zealand.