

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS
(ACH DEBITS)**

This document authorizes St Edward Catholic Church to draft payments from your bank account. The two monthly draft dates available are the 5th and the 20th of each month, or Weekly on Friday please specify your preference. If the draft date falls on a weekend or a holiday the draft will be made on the next available business day. We must have a voided check.

I authorize St Edward Catholic Church & Early Learning Center to instruct my Financial Institution to draft my checking or savings account for payments to St Edward Catholic Church & Early Learning Center. This information is to be used solely for the purpose of consumer withdrawal.

NAME(S) _____
(please print)

ADDRESS _____

PHONE _____

Please enter your DEPOSITORY FINANCIAL INSTITUTION's routing and transit number here, and staple a VOIDED CHECK below.* We must have a voided check.

ACCOUNT NUMBER _____

ROUTING NUMBER _____

NAME of DEPOSITORY
FINANCIAL INSTITUTION _____

___ Every Friday ___ 5th of the Month ___ 20th of the Month ___ Other _____

This authority is to remain in effect until the Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

DATE _____ SIGNED _____

***DO NOT USE A DEPOSIT SLIP**, Many institutions print internal transaction codes instead of their routing and transit numbers on their deposit slips. Using an invalid routing and transit number will prevent your transaction from being directed to the correct institution, resulting in delays in the posting of your payment.

**Please return this form to the church office or
place in the donation boxes in the church or mail
to 805 Sherman, Little Rock, AR 72202**