



Cedar Valley Catholic Schools Capital Campaign

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize _____, hereinafter call COMPANY, to initiate debit entries to my (our)Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account on the 25th business day per month/quarter/semi-annual. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Capital Campaign Contribution \$ _____per month/quarterly/semi-annual (select one)

Total Contribution \$ _____

Depository Name _____Branch _____

City _____State _____Zip _____

Routing Number _____Account Number _____
Checking/Savings (select one)

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 which must be 7 days prior to the 25th business day of the month in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it or the dedicated amount has been fulfilled.

Name _____

ID Number _____

Name _____

ID Number _____

Signature _____

Date _____

Signature _____

NOTE: The receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please attach copy of voided check or deposit slip to this form.