AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize St John's Lutheran Church of Montello, WI, hereinafter called COMPANY, to initiate debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my

Select One			
	Checking Account	Savings Account	
that the origination	of ACH transactions to my account must ning this authorization I am bound to the	ed below, hereinafter called DEPOSITORY. St comply with the provisions of U.S. law. I e National Automated Clearing House Asso	further
My Bank Name	My Bank Phone Nun	mber Branch #	
My Bank's Address	-		
City	State	Zip	
My Bank Routing Number		My Bank Account Num	ber
Amount	Date of Reoccurring Transaction (i.e.: 1 st of ever	ry month) Start Date of Transact	tion
		COMPANY has received written notification OMPANY and DEPOSITORY a reasonable op	
Printed Name			
	A VOIDED CHECK MUST ACCOMPA	ANY THIS AUTHORIZATION FORM	
	Internal U	Use Only	
Date Received//_		Received By	