

THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD, TEQUESTA
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name _____ Envelope Number _____

I (we) hereby authorize The Episcopal Church of the Good Shepherd, Tequesta, hereinafter called COMPANY, to initiate debit entries to my (our) CHECKING / SAVINGS (circle one) indicated below at the depository financial institution named below, hereafter called DEPOSITOR, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Bank Routing Number _____

Account Number _____

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 in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (s) _____ Envelope Number _____
(please print)

Date _____

Signature _____

Amount to be debited montly: \$ _____

_____ I understand that my account will be debited on the last business day of each month.
(initial)

I understand that I may revoke this authorization by notification in writing at least thirty days in advance of the next debit. Please send all notifications in writing to The Episcopal Church of the Good Shepherd, 400 Seabrook Road, Tequesta, FL 33469 Attn: Bookkeeper

PLEASE ATTACH A VOID CHECK WITH THIS FORM TO THE BUSINESS OFFICE.