

Authorization Agreement for Direct Payments (ACH Debits)

I (We) hereby authorize VJ & Angela Skutt Catholic High School, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings Account (select one) indicated below and the financial institution named below, hereafter called FINANCIAL INSTITUTION 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.

_____	_____
Financial Institution	Branch
_____	_____
Address	City/ State/ Zip
_____	_____
Routing Number	Account Number

Donation Amount per ACH: \$ _____
Frequency: <u>MONTHLY – 1st of the Month</u>
Starting Date: _____
Ending Date: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on the request or by the Ending Date listed above, whichever comes first.

Names (please print)

Signature

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM