

ACH CREDIT/DEBIT AUTHORIZATION FORM

Company Name TEURLINGS CATHOLIC HIGH SCHOOL

Tax Identification Number 72-1209260

I (we) hereby authorize TEURLINGS CATHOLIC HIGH SCHOOL, hereinafter called COMPANY, to initiate debit and/or credit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and, if necessary, initiate adjustments for any transactions credited/debited in error. 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

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 (PLEASE PRINT) ID Number

Signature Date

Set Amount: _____

Maximum Amount: _____

Transaction Date: _____

NOTE: In the case of revoked authorization, all written authorization may be revoked only by notifying the originator in writing no later than 15 days before the next transaction effective date.