



Organized 1822

SAINT PETER'S EPISCOPAL CHURCH

101 North Bonner Street Post Office Box 985 Washington, North Carolina
(252)946-8151 phone (252)946-4689 fax www.saintpetersnc.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

To Saint Peter's Episcopal Church, Washington, NC.

I (we) hereby authorize Saint Peter's Episcopal Church, Washington, NC hereinafter called CUSTOMER, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, 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 _____

Routing Number _____ Account Number _____

*Please also attach a copy of a voided check if available.

Recurring amount to be debited on the 5th working day of the month. _____

This authorization is to remain in full force and effect until CUSTOMER has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CUSTOMER and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Phone Number _____

Date _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.