St. Alban's Episcopal Church

ACH Origination Agreement

Schedule D: ACH Authorization Agreements (ACH CREDITS) (for company use)

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name St. Allban's Episcopal Church Company ID Number_____

I (we) hereby authorize and request St. Alban's Episcopal Church, hereinafter called COMPANY, to deposit by electronic transfer any or all payments owed to me by Company to my (our) ☐ **Checking Account**/ ☐ **Savings Account** ***(select one)*** indicated below at the financial institution named below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or that my payments may be erroneously transferred electronically. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I authorize Company to withdraw from the designated account or deduct from my subsequent Company salary, if any, all amounts which the Company determines to have been deposited electronically in error. If the designated account is closed or has an insufficient balance to allow the withdrawal, then I authorize Company to withhold any payments owed to me by Company until the erroneously deposited amounts are repaid.

I recognize that my right to revoke this authorization may be limited by law. If I decide to revoke the authorization, I recognize that I must contact the Company and make my revocation in writing, and that such revocation will be effective on the day Company processes the revocation information. I authorize Company to stop making electronic transfers to my designated account at any time without advance notice to me.

I consent to and agree to comply with the Company rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

_____

Employee Name (Please Type or Print) Address City State Zip Code

_____ _____

Employee Signature Date

FINANCIAL INSTITUTION INFORMATION

_____

Name of Financial Institution

_____

Mailing Address City State Zip Code

_____ _____

Routing Transit Number Customer Account Number

ATTACH VOIDED CHECK HERE