

Catholic Charities

Company ID Number 1-0280225

Authorization Agreement For Automatic Deposits (ACH Credits)

I (We) hereby authorize Catholic Charities, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Savings account (check one) indicated below and the depository named on the attached check or on the completed form below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authority 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) _____ PROVIDER'S SOCIAL SECURITY NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNED X _____

SIGNED X _____

Email address _____

RETENTION TERMINATION PLUS SIX YEARS

PLEASE ATTACH VOIDED CHECK

If your pay is to be credited to a checking account, please attach a voided check

-or-

If your pay is to be credited to a savings account, please have a customer service representative complete and sign the following.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

DEPOSITORY CUSTOMER SERVICE REPRESENTATIVE

DATE