

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Account

Name **VISITATION CHURCH**

I hereby authorize St. Ansgar State Bank to initiate debit entries FROM the
 Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called Depository, and to credit the same to such account. I acknowledge that the origination of ACH transactions to the accounts must comply with the provisions of U.S. Law.

AMOUNT TO BE TRANSFERRED \$ _____

FREQUENCY OF TRANSFER: **10th Day of Each Month**

Effective Date _____ (Must allow 1 week for the prenote)

Bank Name _____
City _____ State _____ Zip _____

ABA Routing # _____ **Account #** _____

******* PLEASE ATTACH A VOIDED CHECK *******

Return Item fees are \$5.00 per item per transaction will be automatically withdrawn from my account at St. Ansgar State Bank, if applicable. \$1.61 ACH processing fee will be waived.

This authorization is to remain in full force and effect until I give written notification of its termination in such time and in such manner as to allow St. Ansgar State Bank and the Depository a reasonable opportunity to act on it.

Name (Please Print) _____

Date _____ Signature _____

Envelope # _____

DEPOSITED TO:

VISITATION CHURCH
GENERAL FUND CHECKING #XX8245 AT ST ANSGAR STATE BANK.

Date _____ Signature _____
(Authorized Signer for Visitation Church)

Posted By Employee: _____

Rev. 10/2018

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.