

# CITIZENS SAVINGS BANK



[www.bankingwithcsb.com](http://www.bankingwithcsb.com)

## AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

I (we) authorize St. Wenceslaus Church ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account  Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name \_\_\_\_\_, City/State \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount of Debit \$ \_\_\_\_\_

Frequency \_\_\_\_\_ (weekly, bi-weekly, monthly, etc.)

Start Date \_\_\_\_\_ Envelope Number \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 7 days prior notice in order to cancel this authorization.

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Signed \_\_\_\_\_

**COMPLETE THIS FORM AND RETURN IT TO THE COMPANY WITH A VOIDED CHECK**