

St. Martin's Lutheran School

St. Martin's Lutheran School Authorization Agreement for ACH Transactions

I (we) authorize St. Martin's Lutheran School to initiate DEBIT entries to my (our) account(s) as indicated below and the financial institution named below, hereinafter called Financial Institution, to DEBIT the same such account. This authority will remain in effect until the indicated date of termination. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Your Financial Institution)

(Routing number of above)

(Account number at above Institution)

XX DEBIT

TYPE OF ACCOUNT: _____ CHECKING

_____ SAVINGS

\$\$ _____ **TOTAL Monthly Amount**

Begin the first monthly withdrawal in _____, _____ until the last
(Month, Year)

Monthly withdrawal is PAID IN FULL.

ALL MONTHLY WITHDRAWALS WILL OCCUR ON THE 20th OF EACH MONTH.

I hereby authorize St. Martin's Lutheran School to activate the above-described ACH transaction.

(Your signature)

(Today's date)

ATTACH A VOIDED CHECK WITH THIS FORM. Thank You.