



**ST. MARTIN'S
Lutheran School**

A Foundation for Life

**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 _____ with the last
(August, September)

Monthly withdrawal UNTIL 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.