

**ACH DIRECT DEBIT
AUTHORIZATION AGREEMENT**

I hereby authorize St. John's Lutheran School, hereinafter called COMPANY, to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking _____ Savings _____ account indicated below and the financial institution named below to credit (or debit) the same to such account.

FINANCIAL INSTITUTION NAME **CITY** **STATE**

TRANSIT/ROUTING NUMBER **ACCOUNT NUMBER**

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME

SIGNATURE **DATE**