



2415 Silas Creek Parkway
Winston-Salem, NC 27103
(336) 725-1651 • Fax (336) 725-1603
www.StJohnsFalcons.org



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 _____