

ACH Authorization Form

I hereby authorize ARCHDIOCESE OF KANSAS CITY IN KANSAS, hereinafter called ARCHDIOCESE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the Financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until ARCHDIOCESE has received written notification from me of its termination in such time and in such manner as to afford ARCHDIOCESE and DEPOSITORY a reasonable opportunity to act on it.

| | |
|-------------------------------|--|
| Name | |
| Phone Number | |
| Financial Institution | |
| Financial Institution Address | |
| Type of Account (check one) | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Email Address (Required) | |

Signature: _____ Date: _____

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| <p>ATTACH VOIDED CHECK HERE</p> <p>BLANK VOIDED CHECK REQUIRED TO PROCESS</p> <p>Questions? Please contact Accounts Payable</p> |
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Remit to:
Archdiocese of KC in KS
Attn: Accounts Payable
12615 Parallel Parkway
Kansas City, KS 66109

Or FAX this form to 913-721-2680