

ACH Authorization Form

I hereby authorize ARCHDIOCESE OF KANSAS CITY IN KANSAS, hereinafter called ARCHDIOCESE, to initiate, credit entries and adjustments for any credit entry in error to **my account indicated below and the Financial institution named below to credit and/or** debt 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 the Financial Institution a reasonable opportunity to act on it.

Name or Organization	
Phone Number	
Email Address for Notification	
Financial Institution	
Financial Institution Address	
Type of Account (check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorized Signer's Name: _____ Title _____

Signature: _____ Date: _____

Following the receipt of this form, the ACH will be effective.

TAPE YOUR VOIDED CHECK HERE

Bank Routing number _____

Bank Account number _____



Remit to:
 Archdiocese of KC in KS
 Attention: Accounting Office
 12615 Parallel Parkway
 Kansas City, KS 66109 Fax: 913-721-2680
Please return this form by fax or USPS
Attn: Accounting Dept

Accounting Use Only

Verified by _____

Date: _____

With Whom: _____