

Archdiocese of Kansas City in Kansas 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 the DEPOSITORY 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: _____

ATTACH VOIDED CHECK HERE

BLANK VOIDED CHECK REQUIRED TO PROCESS

Questions? Please contact Accounts Payable 913-647-3068

Bank Routing number _____

Bank Account number _____



Remit to:
 Archdiocese of KC in KS
 Attention: Accounting Office
 12615 Parallel Parkway
 Kansas City, KS 66109

Accounting Use Only

Verified by _____

Date: _____

With Whom: _____

Or FAX this form to 913-721-2680