

ACH ORIGINATION

CREDIT/DEBIT AUTHORIZATION FORM

St. Elizabeth Ann Seton Church

12300 Reina Road

Bakersfield, CA 93312

I (we) hereby authorize _____, (the "Company") to initiate entries to my (our) checking/savings accounts at the financial institution listed below (the "Financial Institution") and, if necessary, initiate adjustments for any transactions credited in error.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authority will remain in effect until the Company is notified by me (us) in writing to cancel it in such time as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution: Branch, City, State, Zip)

(Signature)

(Date)

(Name - Please Print)

(Address - Please Print)

Set Amount: \$ _____ Due Date: *Circle one* 1st or 20th Start Date: _____

Frequency: _____ Purpose: _____

Checking Account Number: _____

Savings Account Number: _____

Financial Institution Routing Number: _____

(Look between these symbols |: :| on the bottom left of your check.)

Attach Voided Check