

Automatic Draft
St. Joseph Cafeteria
ACH Origination Agreement

(if Account information has NOT changed – NO NEED TO FILL OUT)

Section A - Applicant Information

Name (printed): REQUIRED	Signature: REQUIRED
Payer Address:	Date: REQUIRED
City: State: Zip:	Phone:

Section B – Bank Information

Financial Institution: REQUIRED	Account Number: REQUIRED										
Bank Routing Number: REQUIRED <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>											Type of Account : REQUIRED Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Financial Institution City:	If Checking attach a voided check.										

Amount: \$ based on charges

Beginning Date: August 15, 2019

Frequency: 15th & last day of each month August 2019 – May 2020

EMAIL ADDRESS: **REQUIRED:** _____

By signing this form, I hereby authorize electronic debit entries from a checking or savings account indicated above.

Any change to the bank account or to a new financial institution will require a ***new ACH Authorization and Enrollment Form***. Failure to notify St. Joseph Cafeteria of an account change will delay payment.

Signature

Date

Childs Name (REQUIRED)

Childs Name (REQUIRED)

Childs Name (REQUIRED)

Childs Name (REQUIRED)

Childs Name (REQUIRED)

Childs Name (REQUIRED)