

DIOCESE OF FORT WAYNE-SOUTH BEND
 915 S CLINTON ST.
 P.O. BOX 390
 FORT WAYNE, IN 46801
 (260 422-4611
 FAX (260) 423-3382

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize the Diocese of Fort Wayne-South Bend, Inc. (The Company, hereinafter referred to as the Company)

To make deposits from time to time in the account identified below at _____ Depository Financial Institution, (hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Company. I acknowledge receipt of a filled in copy of this Authorization.

Name of DFI	DFI Routing #	Account #	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name of Authorizing Party (Please print)	Address	City	State	Zip Code
Signature of Authorizing Party	Date	Social Security #		

Please attach voided check to this Authorization.