

St. Mary Preschool

1642 Silver Street
Ashland, NE 68003
Preschool 944-7509
Rectory Office 944-3554

ACH Authorization Agreement for Electronic Payment

(Please Print) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

1. I wish to make the following ongoing monthly payment, to be withdrawn from my account at:

Centennial Bank

Farmers & Merchants Bank

2. Electronic Payment will be made on the 1st of each month.

Total Amount per Month: \$ _____

3. Please take my payment directly from the account specified:

Checking Account (attach voided check)

Savings Account (attach deposit slip)

Routing Number: _____

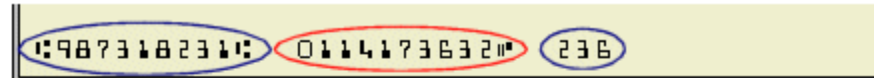
Account Number: _____

4. I hereby authorize St. Mary Catholic Church or St. Joseph Catholic Church and Centennial Bank or Farmers & Merchants Bank to initiate debit entries into my account. This authorization is to remain in full force and effect until I give written notification of its change or termination, in such time and manner as to afford reasonable opportunity to act on it.

Authorized Signature: _____

Date: _____

Sample Check # 1:



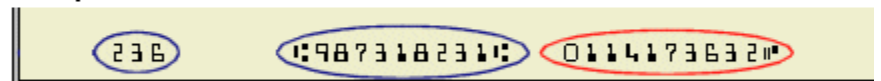
The routing & transit # is 9 digits surrounded by ⑆

The **account #** is usually left of ⑆ - If check # is left of **account #**, ignore check #

The check # should match the # in the upper-right corner

Please attach a Voided
Check or Deposit Slip here

Sample Check # 2:



The check # should match the # in the upper-right corner

The routing & transit # is 9 digits surrounded by ⑆

The **account #** is usually left of ⑆

Note: These 3 sets of numbers may appear in a different order on your check.