**CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH**

**(ACH DEBITS)**

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.*

*Please use a separate authorization for each ACH payment.*

I (we) authorize Bishop Walsh School (“COMPANY”) to electronically debit my (our) account

(COMPANY NAME)

(And, if necessary, electronically credit my (our) account to correct erroneous debits[[1]](#footnote-1)) as follows:

Checking Account/ Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name (Bank) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Debit: \_\_\_\_\_\_\_\_\_\_\_\_ Please Indicate: Lunch Account \_\_

Registration Fee \_\_

FACE Purchase \_\_

Annual Giving \_\_

Donation \_\_ (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One Time \_\_\_\_\_\_ or Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All debits will be on the 15th day of the month or the closest business day to that date.

\*\*This form must be received by Bishop Walsh School 3 business days prior to the first withdrawal date.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing, by phone, or in person that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 7 days prior notice in order to cancel this authorization.[[2]](#footnote-2)

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Date \_\_\_\_\_\_\_\_\_\_\_ Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR COMPANY USE ONLY

Note: Signed authorization must be retained for a period of two years following the termination of revocation of the authorization.

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Processed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The NACHA Operating Rules do not require the consumer’s express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors. [↑](#footnote-ref-1)
2. Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (contact & address) that is received at least three (3) days prior to the proposed effective date of the termination of authorization”). [↑](#footnote-ref-2)