

St. John's Lutheran Church & School  
3521 Linda Vista Avenue  
Napa, CA 94558  
(707) 226-7970

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: St. John's Lutheran Church & School Company ID: 94-6001864

I (we) hereby authorize St. John's Lutheran Church & School, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking Account/  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository  
Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Account  
Number \_\_\_\_\_ Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ ID Number \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**Your account will be debited on the 5<sup>th</sup> day of each month, August thru May.**

**Please attach a voided check or savings withdrawal form to insure a proper transaction.**

Monthly tuition in the amount of \$ \_\_\_\_\_ may be  
withdrawn on the 5<sup>th</sup> of each month.