

AUTOMATED CLEARING HOUSE (ACH) DEBIT AUTHORIZATION AGREEMENT

I authorize St. Mary's Episcopal School and the financial institution listed below to initiate pre-authorized monthly ACH debit entries to my account per the Plan in MyBackPack.

This authority remains in effect until I have canceled it in writing.

Please enter new bank information.

Bank Information: _____ **Bank Name:** _____

Choose one Account:	Transit Routing Number 9 digits	Account Number	Check One:	
			Initiate	Terminate
Checking				
Savings				

For entries to a savings account contact your financial institution to obtain the proper bank transit routing number and account number to use.

For entries to a checking account attach a voided check in the space below. The attached **MUST** include your bank transit routing number and account number.

Attach Check Here

Name	789
Address	
City, State Zip	Date _____
Pay to the order of _____ \$ _____	
VOID	
_____ Dollars	
Bank Name _____	
:084000026:	123456

↑
 Transit Routing Number
 9 digits

↑
 Account Number

Account Holders Name (Printed)

Signature

Date

Please return this form by mail or fax. Scanned documents accepted but not recommended for security reasons.
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 FAX: 901-682-0119