



ACH DEBIT AUTHORIZATION

Please attach a voided check from your financial institution.

Please return form to the Epiphany Parish Office; **DO NOT** return this form to the Credit Union.

I hereby authorize the **North Iowa Community Credit Union**, hereinafter called the **Credit Union**, to initiate a debit entry to my checking account and the financial institution named below, hereinafter called **Financial Institution**, to debit the same to such account. This authority is to remain in full force and effect until the **Credit Union** has received written notification from me of its termination in such time and in such manner as to afford the **Credit Union and Financial Institution** a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Date	Your Name (Print)
Financial Institution Name	Financial Institution Address
Routing Number	Account Number

Please check one:

I **do not** currently participate in the ACH Debit Program

ADD – Please start ACH Entry

I **do participate** in the ACH Debit Program

CHANGE – Please change my financial institution, account # and/or amount deducted

CANCEL – Please stop my participation in the program effective _____

ACH entry will begin in _____ (month) of _____ (year) and will continue on the:

5th or 20th (mark one) each month

Type of account: **Checking** **Amount per month:** \$ _____

Please designate amount to each of the following funds (*if no designation is made, the full amount will be credited to the operating fund*): \$ _____ Operating Fund \$ _____ Building Improvements

Credit to North Iowa Community Credit Union account for Epiphany Parish.

(Signature)

(Date)

(Phone Number)

Please tape your voided check here: