

**Electronic Funds Transfer  
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I/we hereby authorize Commercial Savings Bank to initiate **debit** entries to my/our account indicated below and the depository named below, hereinafter called YOUR Bank, to debit the same to such account. I acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

Your (Bank) Name \_\_\_\_\_

Your (Bank) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Routing/ABA No. (Numbers at Lower Left of Check) \_\_\_\_\_

Account Type (Circle One)    CHECKING                      SAVINGS

Account No. \_\_\_\_\_

Account Title \_\_\_\_\_

Amount of Monthly Withdrawal \$ \_\_\_\_\_

Day of Month for Withdrawal \_\_\_\_\_ Effective Date \_\_\_\_\_

This authority is to remain in full force and effect until you provide notification that you wish to discontinue this withdrawal program. Notification must be received 10 days prior to the scheduled withdrawal date.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Print Your Name \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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**Electronic Funds Transfer  
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I/we hereby authorize Commercial Savings Bank to initiate **credit** entries to my/our account indicated below and the depository named below, hereinafter called YOUR Bank, to debit the same to such account. I acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

Your (Bank) Name Commercial Savings Bank

Your (Bank) Address 627 N. Adams City Carroll State IA

Routing/ABA No. (Numbers at Lower Left of Check) \_\_\_\_\_

Account Type (Circle One)    CHECKING

Account No. \_\_\_\_\_

Account Title St. Lawrence General Fund

Day of Month for Deposit \_\_\_\_\_ Effective Date \_\_\_\_\_

This authority is to remain in full force and effect until you provide notification that you wish to discontinue this program.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

ACH REPRESENTATIVE SIGNATURE

\_\_\_\_\_ DATE \_\_\_\_\_

**Please complete the top half of this Authorization Agreement. Return this entire form with a VOIDED check to St. Lawrence Church, 1607 N. West St., Carroll, IA 51401**

**This section is for office use only.**