

Bishop Chatard High School

ELECTONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

I hereby authorize **BISHOP CHATARD HIGH SCHOOL** to initiate electronic transfers of funds from my account according to my instructions below. It is agreed that these transfers will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA). I understand that the EFT will be effective on the 10th of each month. If the 10th falls on a weekend or holiday, the EFT becomes effective on the next business date.

A VOIDED CHECK MUST BE ATTACHED!

Donor Name _____

Amount to be deducted each month \$ _____ (for _____ months)

Month/Year to begin EFT _____

Bank Name _____

Please select one: Checking account Savings account

Account Number _____

Bank Routing/ABA# _____

This authority shall remain in full force and effect until **BISHOP CHATARD HIGH SCHOOL** has received written notification from me of its termination in such time and in such a manner as to afford **BISHOP CHATARD HIGH SCHOOL** and the bank a reasonable opportunity to act upon the termination request.

Name _____ Date _____

Signature _____

DIRECT DEPOSIT MAY TAKE ONE MONTH TO TAKE EFFECT!

Office use only!

Date received: _____ *Date activated:* _____ *Processed by:* _____

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