

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Nativity Child and Family Center

I (we) hereby authorize Nativity Child and Family Center to initiate debit entries to my (our) ___ Checking Account/ ___ Savings Account (select one) indicated below at the depository financial institution named below 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

Financial Institution Name _____

Routing Number: _____ Account Number: _____

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

Name(s) _____

Date _____ Signature _____

Please attach a voided check