

**DIOCESE OF NASHVILLE
BISHOP'S ANNUAL APPEAL
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
(ACH DEBITS)**

- New Direct Deposit participant**
- Current Direct Deposit participant w/Change**
- Stop Direct Deposit Transaction**

I hereby authorize the Diocese of Nashville to initiate debit entries to my account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. In the event an incorrect debit entry is made, I authorize credit entries to correct errors made to my account.

Amount to withhold each month \$ _____

- Checking Account** **Savings Account** **Other:**

Depository Name: _____

Branch: _____

City: _____ State: _____

Routing Number: _____

Account Number: _____

Please attach a "voided" checks for the account(s).

This authorization is to remain in full force and effect until the Diocese of Nashville received written notification from me to its termination in such time and in such manner as to afford the Diocese of Nashville and DEPOSITORY a reasonable opportunity to act on it.

Name (print): _____

Address : _____

Telephone home _____ Telephone work _____

Email address _____

Date: _____

Signature: _____

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