



EPISCOPAL CHURCH IN CONNECTICUT
PARTICIPATING IN GOD'S MISSION

**General
Direct Deposit (ACH) INSTRUCTIONS**

I hereby authorize The Episcopal Church In Connecticut to electronically credit my Account (and, if necessary, to electronically debit my account to correct erroneous credits) as follows:

Checking Account/ Savings Account (select one) at the depository financial institution named below

DEPOSITORY/BANK. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name _____ Address _____ Zip _____

Routing Number _____ Account Number _____

Name(s) on the Account _____

Amount of credit(s) or method of determining amount of credit(s) _____

Date(s) and/or frequency of credit(s) _____

I understand that this authorization will remain in full force and effect until I notify The Episcopal Church In Connecticut in writing that I (we) wish to revoke this authorization. I understand that The Episcopal Church in Connecticut requires at least [10 days] prior notice in order to cancel this authorization.

Name(s) _____
(Please Print)

Address _____ Zip _____

Date _____ Signature(s) _____

*Please return to: Financial Operations
Finance@episcopalct.org*