



EPISCOPAL CHURCH IN CONNECTICUT
PARTICIPATING IN GOD'S MISSION

Direct Deposit (ACH) Authorization

I/We hereby authorize The Episcopal Church In Connecticut to electronically credit my/our Account (and, if necessary, to correct any credits made to account in error.) as follows:

Checking Account Savings Account (select one) at the depository financial institution named below. I/we agree that ACH transactions I/we authorize comply with all applicable laws.

Bank Name _____

Address _____ Zip _____

Routing Number _____ Account Number _____

Name(s) on the Account _____

I/We 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/We 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 _____

Email Address _____

Date _____ Signature _____

*Accounts Manager
cnaude@episcopalct.org*

Please return to: Finance Department