

Slovak Catholic Sokol

A tradition of providing sound financial protection and benefits to our members.

DEBIT AUTHORIZATION AGREEMENT FORM

COMPANY NAME: Slovak Catholic Sokol

ID#: 22-1288010

I (we) hereby authorize: **SLOVAK CATHOLIC SOKOL**, hereby called **COMPANY**, to initiate debit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U. S. Law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford the COMPANY and DEOSITORY a reasonable opportunity to act on it.

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____

Date: _____

MORE: PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION PURPOSES