

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 DEPOSITORY a reasonable opportunity to act on it.

Date Debited: _____ Certificate Number: (if known) _____

Frequency: Monthly Quarterly Semi Annual Annual Amount: \$ _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

MORE: PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION PURPOSES