



## ACH WITHDRAWAL AGREEMENT

I authorize the ***Congregation of the Good Shepherd*** (doing business as: Shepherd of the Hills Parish) to initiate entries to my checking or savings account as stated below. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 5 days before my account is charged.

Option of Withdrawal: **Fifteenth of the Month**

**PLEASE PRINT**

	Checking Account	Checking Account Number	
	Savings Account	Savings Account Number	
Name on Account		Name of Person Completing Form	
Name of Financial Institution		Branch	
Address		City, State, Zip	
Financial Institution Routing Number <small>Number found between  :  : on the bottom left of your check</small>			
Dollar Amount to be Withdrawn			
Signature of Person Completing Form			
Date Form Submitted			

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**RETAIN FOR YOUR RECORDS**

On \_\_\_\_\_ I authorized the Congregation of the Good Shepherd, W1562 County Road B, Eden, WI 53019, to initiate electronic entries to my checking or savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the above address.

Initial payment amount \$ \_\_\_\_\_

If the payment amount changes, we will notify you at least 10 days before the next regularly scheduled payment on the 15th.