

FALLS CITY SACRED HEART CATHOLIC SCHOOL

1820 FULTON STREET, FALLS CITY, NE 68355 402.245.4151

Please return to Falls City Sacred Heart Catholic School office, if you are interested in this agreement for your tuition.

ACH AUTOMATIC TRANSFER AGREEMENT AND AUTHORIZATION

(For Recurring Incoming Transfers you must allow 5 business days to initiate)

FRONTIER CUSTOMER INFORMATION

Name FALLS CITY SACRED HEART CATHOLIC SCHOOL
Account Number 803526 Account Type DDA
Amount _____ Beginning Date _____ Ending Date _____
Credit _____

Description for Statement: TRANSFER TO FALLS CITY SACRED HEART CATHOLIC SCHOOL

Origination Frequency:

____ Monthly on the ____ 1st ____ 15th ____ 25th of every month

OR

____ Weekly on the following day ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

OR

____ Bi-Weekly on the following day ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

I (we) hereby authorize, direct, and empower **FALLS CITY SACRED HEART CATHOLIC SCHOOL** hereinafter called company to initiate debit/credit entries to my (our) account indicated above and the depository financial institution named below, hereinafter call Depository, and to debit the same to such account.

I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. Law. *The transfer may originate on the last banking day prior to the date if the date falls on a weekend or holiday.*

This authority shall remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination a minimum of 10 days in advance, thus allowing COMPANY and DEPOSITORY a reasonable opportunity to act on it.

RECEIVING BANK INFORMATION

Name _____
Bank Name _____ Routing Number _____
Account Number _____ Account Type _____
Debit _____
Description for Statement: TRANSFER TO FALLS CITY SACRED HEART CATHOLIC SCHOOL

I (we) understand and agree that:

1. Frontier Bank is not responsible for failures to originate a transfer other than its gross negligence preventing you from making the transfer
2. Frontier Bank will not re-originate an item returned for any reason such as non-sufficient funds and it is the COMPANIES responsibility to do so.
3. Frontier Bank has no obligation to notify me when a transfer is made pursuant to this agreement or when a transfer cannot be made.
4. Frontier Bank has the right to terminate or amend this agreement at any time. I have the right to terminate this agreement at any time by delivering to you a written revocation signed by me.
5. This agreement is not negotiable and not transferable.

Signature _____ Date _____

BELOW SECTION FOR CANCELATION OF THE ACH ORIGATION

Date Canceled _____ Employee Signature _____