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)

Amount _____ **Beginning Date (Must be after July 1 of current school year) _____**
Ending Date (Must be before June 15 of current school year) _____

Origination Frequency:

_____ Monthly on the _____ 1st _____15th _____ 25th of every month

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

Your Name _____

Bank Name _____ **Routing Number _____**

Account Number _____ **Account Type _____**

I (we) understand and agree that:

1. Equity Bank is not responsible for failures to originate a transfer other than its gross negligence preventing you from making the transfer
2. Equity 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. Equity Bank has no obligation to notify me when a transfer is made pursuant to this agreement or when a transfer cannot be made.
4. Equity 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 ORIGINATION

Date Canceled _____ **Employee Signature _____**