

Episcopal Diocese of Maine

Central Payroll or Diocesan Assessment

Bank Account Debit Authorization

We hereby authorize *The Episcopal Diocese of Maine* to initiate debit entries to our account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same such account for:

Payroll ____ (initials) and/or Diocesan Assessment ____ (initials)

We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch and telephone #)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until *The Episcopal Diocese of Maine* has received written notification from us of its termination in such time and manner as to afford *The Episcopal Diocese of Maine* a reasonable opportunity to act on it (7 business days before effective date of change).

(Print Account Name)

(Authorized Signature - Treasurer)

(2nd Authorized Signature – Senior Warden)

(Date)

If you have any questions, please contact Laurie Kazilionis (ext. 30) or Lou-Ann Milton (ext. 25) at 1-207-772-1953 or 1-800-244-6062

PLEASE ATTACH A VOIDED CHECK TO THIS FORM!

Notes:

- ◆ All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.
- ◆ Single entry reversals do not require authorization buy the receiver. Therefore, previously recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.
- ◆ The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.