



Mother of Divine Providence School

405 Allendale Road
King of Prussia, PA 19406-1640
610-265-4178

ACH Agreement Form

Authorization Agreement for Direct Payments (ACH DEBITS)

I (we) hereby authorize **Mother of Divine Providence Church** to initiate automatic debit entries to my (our) account at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

This agreement is to remain in full force and effect until **Mother of Divine Providence Church** has received written notice from me (or either of us) of its termination in such time and in such manner as to afford **Mother of Divine Providence Church** and my financial institution a reasonable opportunity to act on it.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

MDP SCHOOL TUITION

Payable 15th of the month

Amount of Payment: _____

(total tuition ÷ 10)

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a voided check and return this form to the Parish Business Office for processing.