



CATHOLIC FOUNDATION
OF NORTHEAST KANSAS

In order to streamline payments, please fill out the form below and return to the following:

Email to: CFNEK@archkck.org

Mail to: 12615 Parallel Parkway, Kansas City, KS 66109

ACH Authorization Form

I hereby authorize **CATHOLIC FOUNDATION OF NORTHEAST KANSAS**, hereinafter called CFNEK, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until CFNEK has received written notification from me of its termination in such time and in such manner as to afford CFNEK and DEPOSITORY a reasonable opportunity to act on it.

Name or Organization	
Phone Number	
Email Address for Notification	
Financial Institution	
Financial Institution Address	
Type of Account (check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Signature: _____ Date: _____

Following the receipt of this form, the ACH will be effective with your next check.

TAPE YOUR VOIDED CHECK HERE

or enter

Bank Routing number _____

Bank Account number _____