I hereby authorize ARCHDIOCESE OF KANSAS CITY IN KANSAS, hereinafter called ARCHDIOCESE, 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 ARCHDIOCESE has received written notification from me of its termination in such time and in such manner as to afford ARCHDIOCESE and DEPOSITORY a reasonable opportunity to act on it.

Name

Phone Number

Financial Institution

Financial Institution Address

Type of Account (check one)  ____ Checking  ____ Savings

Email Address (Required)

Signature: ______________________________  Date: __________________

ATTACH VOIRED CHECK HERE

BLANK VOIRED CHECK REQUIRED TO PROCESS

Questions? Please contact Accounts Payable

Remit to:  
Archdiocese of KC in KS  
Attn: Accounts Payable  
12615 Parallel Parkway  
Kansas City, KS 66109

Or FAX this form to 913-721-2680