

SCHEDULE A-1

BYLINE BANK

8001 W. 183rd Street, Tinley Park, IL 60487

**ODFI-ORIGINATOR (CORPORATE) AGREEMENT
Authorization Agreement for Pre-Authorized Payments
For St. Stephen Parish**

NEW CHANGE CANCEL

Customer Information...

Account Name: _____ **Parish ID:** _____

I (we) hereby authorize _____ St. Stephen Parish _____, hereinafter called COMPANY, to initiate entries to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called Financial Institution, to debit such account.

Transfer Information...

Transfer Record No.

Account to Debit:

Name Financial Institution

ABA No. _____

Account Type _____

Account Name _____

Account No. _____

Account to Credit:

Name Financial Institution

BYLINE BANK

ABA No. 071001533

Account Type **Checking**

Account Name **St. Stephen Parish**

PLEASE ATTACH VOIDED CHECK

Transfer Amount \$ _____ on 1st _____ of each month

Transfer Amount \$ _____ on 15th _____ of each month

Customer...

This authority is to remain in full force and effect until COMPANY and FINANCIAL INSTITUTION have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act upon it.

Customer Name _____

Customer Signature _____ **Date** _____

Church Office...

Received by _____ **Date** _____

Approved by _____ **Date** _____