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National Association of Episcopal Schools Authorization for ACH Payment

Organization Name:

Address:

Contact:

Contact Phone:

Contact Email:

National Association of Episcopal Schools hereby authorizes the organization listed above to initiate ACH payment directly to the depository financial institution listed below. Organization acknowledges that the origination of ACH transactions must comply with provisions of the laws of the United States of America.

Organization Contact must notify NAES via email when ACH payment has been transmitted within 24 hours including the account name, FEIN, originating bank, and \$\$ amount of transaction.

This authorization is valid for the following transactions only (check one):

Membership [Dues	Biennial Rea	pistration	Biennial S	oonsor/Exhibit
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__ Other (specify) ____

ACH Information	
Account Title:	National Association of Episcopal Schools, Inc.
FEIN:	13-6181427
Financial Inst:	JP Morgan Chase Bank, N.A.
Routing:	021000021
Account:	0361018187

Signature: