Bank Change Authorization Form

If a parish, school, or agency would like to change the bank account information that we have on file for them, please complete the bottom portion of this form to authorize the Archdiocese to use the new bank account for ACH and other bank activity.

To complete your request, please provide the following information to us via e-mail (preferred) at accountingservices@archindy.org or fax it to us at (317) 236-7327:

1) Signed Bank Change Authorization Form (see below), AND
2) One of the following to verify the bank account information:
   a. Bank Verification Letter (preferred), which is a letter issued by the bank verifying the account information belonging to the parish, school, or agency, OR
   b. A copy of a voided check with the bank account, routing number, and the name of the parish, school, or agency.

When completing the bank routing number and bank account number on the form below, please do not use a deposit ticket to obtain this information. You must use a check to obtain the correct bank routing number and bank account number. If you have any questions, please e-mail accountingservices@archindy.org or call us at (317) 236-1410.

Bank Change Authorization Form

Location Name: ________________________________________________________________

Location Number: _____________________________

Contact Name: _______________________________ Contact Phone Number: (_____)___________________

Name of Bank: ________________________________________________________________

Bank Routing Number: ______________________ Bank Account Number: ______________________

Checking or Savings: __________________________

Authorized Signer Name: ________________________________

Authorized Signer Title: __________________________________________________________

Signature: (Authorized signer on bank account) __________________________________________

Account Purpose: __________________________________________________________________

Does this bank account replace an existing account? Yes No

If ‘Yes, provide final 4 digits of bank account number being replaced: ____________

Date of Form Completion: ______________________

OAS Office Use Only:

Update Intacct Vendor _____ Update Intacct Customer _______ Update Fifth Third Bank _______

Phone Verification By________________ Date of Verification & Change________________________