

DIRECT PAYMENT AUTHORIZATION

FIXED AMOUNT / DATE

I (we) hereby authorize _____, hereinafter called "COMPANY", to initiate debit entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Depository (your bank)

Name _____ Branch _____

Address _____ City _____ State _____ Zip _____

Routing & Account
Transit Number _____ Number _____

Account Type: Checking/Draft Savings/Share

Amount to Debit: \$ _____ Date to Debit _____ See Below _____

* Recurrence: Quarterly Monthly Weekly One Time

I(we) understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and manner to afford COMPANY and DEPOSITORY a reasonable time to act upon it.

Account Holder

Name(s) _____ ID Number _____
(Please Print) (Church Use)

Date _____ Signature(s) _____

Please attach a voided check or financial institution account verification letter to this form.

Note: Written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

*Quarterly will occur on the last business day of the month as follows:
March 30, June 30, September 30, December 30

Monthly will occur on the 1st or 15th (Please circle your preferred day)

Weekly will occur each Friday