

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

I hereby authorize *****FIRST REFORMED CHURCH***** (THE COMPANY) to initiate debit entries to my (our) checking/savings account at the financial institution (THE DEPOSITORY) listed below. This authority will remain in effect until THE COMPANY is notified by me in writing to cancel it in such time as to afford THE COMPANY and THE DEPOSITORY a reasonable opportunity to act on it.

*** Please complete the following information. Please print. ***

| | | |
|--|----------------|-----------------------|
| CUSTOMER INFORMATION | | |
| Account Holders Name(s) | | |
| | | |
| FINANCIAL INSTITUTION INFORMATION | | |
| Bank Name | | |
| Bank Transit Routing Number | | |
| Account Information | _____ | _____ or _____ |
| | Account Number | Checking Savings |

| | |
|--|--|
| Weekly (Mondays) | |
| Semi – Monthly 15 th /30 th | |
| Monthly/30 th | |

Signature _____ Date _____

Please return completed form to

First Reformed Church
Marylynn Redder

Please attach a voided check or deposit slip. Thank you!