AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name __Sylvania Church_____

I (we) hereby authorize __Sylvania Church_____ to initiate debit entries to my (our)

Check one:

☐ Checking Account ☐ Savings Account (select one)

Date of Withdrawal (check all that apply) ☐ 3rd day of each month ☐ 18th day of each month

indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Amount _____

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 time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

Name(s) _____

Date _____ Signature _____

NOTE: ONLY NOTIFYING THE COMPANY IN THE MANNER SPECIFIED IN THE AUTHORIZATION MAY REVOKE THIS AUTHORIZATION.

PLEASE ATTACH A COPY OF A CANCELED CHECK