

ACH (Direct Payment) Authorization Agreement

Please fill out the following, attach a voided check, and return to the church office.

Financial Institution

Branch

Bank Address

Routing #

Account #

Type: Checking
Savings

\$_____
Amount

Fund: Operating
Love Does

Frequency: Weekly Bi-Weekly
Monthly Other_____

Begin Date

\$_____
Amount

Fund: Operating
Love Does

Frequency: Weekly Bi-Weekly
Monthly Other_____

Begin Date

I (we) hereby authorize La Croix United Methodist Church to debit entries to my (our) account indicated below and the Bank of Advance to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with provisions of U.S. Law.

This authority is to remain in full force and effect until La Croix has received written notification from me (or either of us) of its termination in such time and manner as to afford La Croix and Bank of Advance a reasonable opportunity at act on it.

Print Name

Signature

Date