

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) hereby authorize _____, (“ORIGINATOR”), to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits¹) as follows:

Checking Account/ Savings Account (select one) at the depository financial institution named below, hereinafter called (“DEPOSITORY”). I (we) acknowledge that ACH transactions I (we) authorize comply with all applicable law.

Depository Financial Institution Name _____

Routing Number _____ Account Number _____

Name(s) on the Account _____

Amount of debit(s) or method of determining amount of debit(s) _____

Date(s) and/or frequency of debit(s) _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify ORIGINATOR in writing at [Insert mailing address for notice] that I (we) wish to revoke this authorization. I (we) understand that ORIGINATOR requires at least 10 days prior notice in order to cancel this authorization.

Name(s) _____

Date _____ Signature(s) _____

Please provide a voided check with this signed document.

Frequency of debit(s) should be weekly, monthly, or one-time.

Weekly donations will be withdrawn every Friday. Monthly donations will be withdrawn the first Friday of the month. Weekly and monthly amounts will be allocated pro-rata between general fund, missions, and special offerings based on the annual offering schedule that is approved at the fall council meeting.

For one-time donations, include the date. Unless designated, donation will be allocated pro-rata between general fund, missions, and special offerings based on the annual offering schedule that is approved at the fall council meeting

Please contact Chris Winemiller with any questions (717-891-1505).

¹ The *Nacha Operating Rules* do not require the consumer’s express authorization to initiate Reversing Entries to correct erroneous transactions.