

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I/(we) hereby authorize North Way Christian Community, to initiate debit entries in the amount of

\$ _____

Check one:

Weekly

Bi-Monthly (Fifteenth and last day of the month)

Monthly If monthly, approx. day of the month: _____

Credit these funds and amounts to (i.e. General Fund, etc.):

to my/(our) Checking or Savings account (select one) indicated below at the depository institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY (BANK) NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until North Way Christian Community has received written notification from me (or either of us) of its termination in such time and in such manner as to afford North Way Christian Community and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____
(PLEASE PRINT)

DATE: _____ SIGNED: _____

DATE: _____ SIGNED: _____

ADDRESS: _____

PHONE: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.