

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

I HEREBY AUTHORIZE CHRIST UNITED METHODIST CHURCH LOCATED AT 3440 SHROYER ROAD, KETTERING, OH 45429 TO INITIATE DEBIT ENTRIES AND TO INITIATE, IF NECESSARY, CREDIT ENTRIES AND ADJUSTMENT FOR ANY DEBIT ENTRIES IN ERROR TO THE ACCOUNT LISTED BELOW.

FINANCIAL INSTITUTION NAME: _____

BANK TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT (CHECK ONE): CHECKING OR SAVINGS

AMOUNT: _____

FREQUENCY: Indicate which Friday each month the debit transaction should be made to your account: 1st _____ 2nd _____ 3rd _____ 4th _____ or Every Week: _____

PLEASE ENCLOSE A VOIDED CHECK IN ADDITION TO THE INFORMATION LISTED ABOVE.

THIS AUTHORITY IS EFFECTIVE FOR THE PAYMENT DUE _____, 20____ AND WILL REMAIN IN FULL FORCE UNTIL CHRIST UNITED METHODIST CHURCH HAS RECEIVED WRITTEN NOTIFICATION FROM THE AUTHORIZED INDIVIDUALS LISTED BELOW OF ITS TERMINATION IN SUCH TIMELY MANNER AS TO AFFORD CHRIST UNITED METHODIST CHURCH AND ITS FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

SIGNATURE _____ DATE _____

(Name Please Print)

SIGNATURE _____ DATE _____

(Name Please Print)