

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

_____ **Sunday Offering**

_____ **Capital Campaign**

I (we) authorize _____ **The Church of the Resurrection** _____ hereinafter called **COMPANY**, to debit entries to my (our) account indicated below located at the **Financial Institution** named below, hereinafter called **FINANCIAL INSTITUTION**, to debit same to such account. I (we) acknowledge the origination of **ACH** transactions to my (our) account must comply with the provisions of **U.S. Law**.

(Financial Institution Name)

(Address)

(City, State, Zip)

Type of Acct: Checking/Savings **Routing #** _____ **Account #** _____
(Circle one)

Amount: \$ _____ **(Check one): Weekly** _____ **Monthly** _____

This authority 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 manner as to afford COMPANY a reasonable opportunity to act on it.

(Print individuals name)

(Print individuals name)

(Print individuals ID number)

(Print individuals ID number)

(Signature)

(Signature)

(Date)

(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
(Make copy for customer)**