

ACH AUTHORIZATION FORM

CUSTOMER INFORMATION

NAME: _____

(Please print or type)

TAX ID: N/A _____

I hereby authorize *HOLY COMFORTER CHURCH* to initiate credits / payments to my:

checking account savings account

I understand that, if necessary, an adjusting debit or credit may be made to correct an error.

ACCOUNT INFORMATION

NAME OF BANK: _____

CITY / STATE: _____

ACCOUNT TITLE: _____

ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

This authorization will remain in full force and effect until such time as *HOLY COMFORTER CHURCH* has received written notification from me that the ACH authorization has been revoked. It is further provided that written notification of termination by either party shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

I also authorize the financial institution named above to credit and/or debit my account for the correcting entries. I duly verify that I am an authorized signer of said account and have the right to enter into this agreement.

Authorized Signer

Date

AMOUNT PER MONTH: \$ _____

Payments are debited on or around the 16th of each month.