

East Heights United Methodist Church

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I (we) hereby authorize EAST HEIGHTS UNITED METHODIST CHURCH to initiate credit entries to my (our) ☐ checking account ☐ savings account (select one) indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

PLEASE INDICATE THE FREQUENCY AND AMOUNT OF THE AUTOMATIC DRAFT:

☐ Semi-monthly – withdrawn first and third Monday of each month \$ _____

☐ Monthly – withdrawn the first Monday of each month \$ _____

☐ Monthly – withdrawn the third Monday of each month \$ _____

_____ Use bank account information currently on file OR

_____ Attach a voided check for the account from which withdrawals will be made.

Note: All withdrawals will be on the indicated day unless it is a non-banking business day, in which case the withdrawal will take place on the next banking business day.

This authorization is to remain in full force and effect until EAST HEIGHTS UNITED METHODIST CHURCH business office has received written notification at least 14 days prior to request of change.

DATE _____

SIGNATURE _____

Please attach a voided check or deposit slip.

TO BE COMPLETED BY EAST HEIGHTS UMC OFFICE

ROUTING NO. _____

ACCOUNT NO. _____