

Name
Address
City, State Zip Code

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

I (we) authorize Knox Presbyterian Church to initiate debit entries to my (our)

_____ Checking Account

_____ Savings Account

At the depository financial institution named below, and to debit the same to such account, I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name _____ Branch _____

City _____ State _____ Zip _____
Routing Account
Number _____ Number _____

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

I (we) request the following amount

\$ _____

Be debited to our account monthly (this will come out of your account the fourth Tuesday of each month)

_____ Month/Year you would like to start electronic giving

Name(s) _____
(please print)

Date _____ Signature(s) _____
