

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

I (we) hereby authorize _____, hereinafter called COMPANY, to debit entries to my (our) account indicated below and 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)	(Branch)	
(Address)	(City, State)	(Zip)
(Routing/Transit Number)	(Account Number)	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

General Operating Budget

Indicate amount to be debited: \$ _____

- Indicate debit frequency: Weekly on Fridays
 Semi-Monthly (15th and last day)
 Monthly (1st Friday)

Love.Loud. Building Fund

Indicate amount to be debited: \$ _____

- Indicate debit frequency: Weekly on Fridays
 Semi-Monthly (15th and last day)
 Monthly (1st Friday)

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 and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(print individual name)	(print individual name)
(print individual ID number)	(print individual ID number)
(signature)	(signature)
(date)	

Please attach a voided check to this form and place it in the offering basket (inside an offering envelope) on weekends or bring it to the church office during the week.