

GLADEVILLE METHODIST CHURCH, INC.
AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Gladeville Methodist Church, Inc., hereinafter called CHURCH, to debit entries to my (our) account indicated below and to 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) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Checking _____ Savings _____

Deduct \$ _____ Weekly _____ Monthly _____ Effective Date _____

Designate To: General Fund \$ _____ Other \$ _____

This authority is to remain in full force and effect until CHURCH receives written notification from me (or either of us) of its termination in such time and manner as to afford CHURCH and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Weekly charges will be processed on Monday of each week. Monthly charges will process on the fifth of each month.

(print individual name) (print individual name)

(signature) (signature)

Please attach a voided check for ACH debits to checking accounts..