

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize CRESTVIEW CHURCH OF THE UNITED BRETHREN IN CHRIST INC. to initiate entries to my (our) checking/savings accounts at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until CRESTVIEW CHURCH OF THE UNITED BRETHREN IN CHRIST INC. is notified by me (us) in writing to cancel it in such time as to afford CRESTVIEW CHURCH OF THE UNITED BRETHREN IN CHRIST INC. and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

Church expenses: _____ + Missions: _____ + Bldg fund: _____ = Set Amount total: \$ _____

Frequency (please check one) Bi-monthly _____ Monthly _____

Financial Institution Routing Number: _____

Checking/Savings (circle account type) Account Number: _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ ⑆ 1234567890123 ⑆
Routing Number Account Number

Please return to:

Financial Secretary
Assistant Financial Secretary

Contact Information

LeRoy Adams 765-734-1939
Bob Arden 765-447-8893