

Debit Authorization

I (we) hereby authorize First Reformed Church, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name	Branch
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Address	City/State	Zip
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Routing Number	Account Number	Type of Acct	Checking	Savings
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AMOUNT to be debited \$ _____

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	Signature
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Print Individual ID Number	Date
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PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

I hereby wish to cancel the above transaction.

Signature	Date
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