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

_____

Address City/State Zip

_____ Type of Acct _____Checking_____Savings

Routing Number Account Number

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

_____ _____

Print Individual ID Number Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

I hereby wish to cancel the above transaction.

_____ _____

Signature Date