

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWALS (ACH DEBIT)

I (we) hereby authorize FIRST CHRISTIAN CHURCH to initiate debit or withdrawal entries to my (our) Checking Account/ Savings Account (select one) indicated below at the financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository

Name _____ Branch _____

City _____ State _____ Zip _____

Routing _____ Account _____
Number _____ Number _____

(set of numbers on the bottom-left of your check) (set of numbers on the bottom-right of your check)

This authorization is to remain in full force and effect until FIRST CHRISTIAN CHURCH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford FIRST CHRISTIAN CHURCH and your financial institution a reasonable opportunity to act upon it. I (we) further agree to reimburse FIRST CHRISTIAN CHURCH for fees associated with my (our) account being closed or otherwise unavailable.

Name(s) _____ Phone # _____

Date _____ Signature _____

I (we) authorize FIRST CHRISTIAN CHURCH to withdraw from our account:

Amount: _____ for the General Fund

Amount: _____ for the Building Fund/ Share the Vision

Total Withdrawal: _____ (each ACH withdrawal)

(please check one) **If you desire to give on a basis that is not listed, please call Jami English at (262) 857-4743**

_____ 1st business day of each month

_____ Last business day of each month

_____ 15th of each month (Friday before if falls on weekend)

_____ 30th/31st of each month (Friday before if falls on weekend)

_____ 1st Friday of each month

_____ 2nd Friday of each month

_____ 3rd Friday of each month

_____ 4th Friday of each month

PLEASE INCLUDE A VOIDED CHECK

Send this signed form and a voided check to : Jami English C/O First Christian Church, 13022 Wilmot Road, Kenosha WI 53142.