AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

☐ **New request** ☐ **Change to previous request**

I (we) hereby authorize Grace Lutheran Church, Richmond, IL ("GRACE") to electronically debit my (our) account (and, if necessary, to electronically credit my(our) account to correct erroneous debits) as follows:

☐ **Checking Account** / ☐ **Savings Account** (select one) at the depository financial institution named below ("Bank"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name **Name(s) on the account:**

_____ _____

_____

☐ **Consumer Account/** ☐ **Non-consumer Account** (select one) Note: A consumer account is defined as an account established by a natural person primarily for personal, family, or household use, and not for commercial purposes.

Routing Number **Account Number**

_____ _____

Amount of Contribution: $_____

Frequency of debits ☐Weekly ☐Monthly

Date that you want contributions to start? _____

- Weekly contributions will be deducted on Tuesdays or Wednesdays each week.
- Monthly contributions will be deducted on or about the 10th of each month

A non-consumer accountholder agrees to be bound by NACHA Operating Rules.

I (we) understand that this authorization will remain in full force and effect until I(we) notify GRACE **in writing** that I (we) wish to revoke the authorization. I (we) understand that GRACE requires at least **one week** prior notice in order to cancel this authorization.

Printed Name(s)_____ Signature_____

Date _____ Envelope number _____

Please attach a voided check with this authorization.

* *

Notice to terminate this agreement

I wish to terminate this agreement and cancel my automatic contributions effective _____(date)

Printed Name(s)_____ Signature_____

Date _____