

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Instructions: Please complete this form and drop off or mail with a copy of a VOIDED check, to Crossroads Baptist Church, Financial Office, 6565 Research Forest Drive, The Woodlands, TX 77381.

NAME: _____

I (We) hereby authorize Crossroads Baptist Church, hereinafter called CHURCH, to initiate debit entries to my account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY NAME: _____

CITY: _____ STATE: _____

ROUTING #: _____ ACCOUNT #: _____

EFFECTIVE DATE: _____ TYPE OF ACCOUNT: ___ Checking ___ Savings

Debit my account on:

___ 1st of each month \$ _____ Designation Mothers Day Out _____

___ 16th of each month \$ _____ Designation Mothers Day Out _____

This authorization is to remain in full force and effect until CHURCH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CHURCH and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____
(Please print)

DATE: _____ SIGNED: _____

SIGNED: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH A VOIDED CHECK OR CHECK COPY (DO NOT USE DEPOSIT TICKETS TO OBTAIN ROUTING NUMBER).