AUTHORIZATION AGREEMENT
AUTOMATIC PAYMENTS (ACH DEBITS)

I (we) _____, hereby authorize **Adams Blvd Church of Christ** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below. 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)

_____

(Name on Account)

_____ _____

(Routing Number) (Account Number)

Type of Account: ____ Checking ____ Savings

_____ _____ Weekly _____ Monthly _____ Annually

(Payment Amount)

This authority is to remain in full force and effect until **Adams Blvd Church of Christ** has received written notification from me (or either of us) of its termination.

_____ _____

(Print Name) (Print Spouse Name)

_____ _____

(Signature) (Spouse Signature)

_____ _____

(Date) (Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM!