

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

I hereby authorize Orchard Hill Church to initiate debit entries to my (our) checking/savings account at the financial institution (THE DEPOSITORY) listed below. This authority will remain in effect until Orchard Hill Church is notified by me in writing to cancel it in such time as to afford Orchard Hill Church and the financial institution a reasonable opportunity to act on it.

*** Please complete the following information. Please print. ***

CUSTOMER INFORMATION		
Account Holders Name(s)		
Account ID Number	Office Use Only	
FINANCIAL INSTITUTION INFORMATION		
Bank Name		
Bank Transit Routing Number		
Account Information	_____ Account Number	_____ or _____ Checking Savings

Amount of Payment	\$ Varies from month to month

Signature _____ Date _____

Please attach a voided check or deposit slip. Thank you!