AUTHORIZATION FOR AUTOMATIC WITHDRAWAL



Company Name: Oak Hills Baptist Church

I/We authorize Oak Hills Baptist Church to initiate withdrawal (debit) entries and, if necessary, to initiate any reversing entries to correct a withdrawal entry to my/our account at the DEPOSITORY (identified below), for the purpose of automatically withdrawing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Depository Name:				
Branch:				
City:		P	hone:	
Routing Number: _				voided check/draft or deposit slip
Account Number:			(for checking accounts submit a voided check, for savings accounts submit a voided deposit slip)	
This Account is: (circle one)	Checking Sa	avings		
Amount:				
Frequency of With (choose one)	drawal: We	eekly on Monday	Monthly on the	e 1 st Day of the Month
This form is a: (circle one)	New Authoriza	ition Modificatio	n of Authorization	Termination
effect until Oak Hil	ls Baptist Church l h time and in such	has received WRITTEN	N NOTIFICATION from	and will remain in full force and on me (or either of us) of its orch and DEPOSITORY a
Name(s):(PRINT legible				
ID #: (SS or driver's licens	e #)			
Signature		 Date	Signature	 Date

Please bring this completed form to 1) The Oak Hills Office, 2) put in the offering on Sunday, or 3) Mail to Oak Hills at 6201 S Lyncrest Ave, Sioux Falls, SD 57108