

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH DEBITS)**

NAME _____ ENVELOPE# _____ (office use only)

I hereby authorize Brown Corners United Brethren in Christ Church, hereinafter called CHURCH, to initiate debit entries to my ___checking ___savings account (select) indicated below and the bank named below, hereinafter called BANK, to debit same to such account.

BANK NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
ROUTING/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full effect until CHURCH and BANK has received notification from me of its termination in such time and in such manner as to afford CHURCH and BANK a reasonable opportunity to act on it.

NAME _____

DATE _____ SIGNED _____

Transfer the following amounts from my account each week, beginning on _____
(enter the date you wish to begin giving electronically)

Regular Offering _____ Missions _____ Building Fund _____
Benevolence _____ Other _____
Total _____

Brown Corners Church will need to know by Thursday of each week if you need to make changes to the amounts you are transferring electronically. Electronic transfers will clear your bank account on Mondays.

Thank you for supporting our ministries!