

Direct Payment Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

RECIPIENT

NAME St. Paul's United Methodist Church

RECIPIENT

ACCT. # _____

I (we) hereby authorized St. Paul's United Methodist Church, hereinafter called CHURCH, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account for application to the account of CHURCH to be applied to the General Fund, or such other fund(s) as I have designated prior to the transfer.

DEPOSITORY NAME Cherokee State Bank

CITY Cherokee

STATE IA

ZIP 51012-1857

TRANSIT/ABA NO. 073901974

ACCOUNT NO. _____

This authority is to remain in full force and effect from January 1, 2011, to December 31, 2011, or such earlier time as CHURCH and DEPOSITORY have 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.

ACH TRANSACTION DATE (*check one*):

- Friday of each WEEK (ONLY available if your account is at Cherokee State Bank)

OR

- 1st of each MONTH

AMOUNT OF EACH DEBIT \$ _____ /week/mo

NAME(S) _____ CUSTOMER ACCT. # _____

DATE _____ SIGNED _____

ATTACH YOUR VOIDED CHECK HERE