

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

I hereby authorize Parkside Bible 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 Parkside Bible Church is notified by me in writing to cancel it in such time as to afford Parkside Bible Church and The Depository a reasonable opportunity to act on it.

Please complete the following information and send to church office.

CUSTOMER & BANK INFORMATION

Account Holder Name _____

Bank Name _____

Bank Routing Number # _____

Account Number # _____ Checking ___ OR Savings ___ (Check One)

Payment Amount: \$ _____ Weekly ___ OR Monthly ___ (Check One)

Signature _____ Date _____