

# *Debit Authorization*

## Pre-Authorized Payment

I (we) hereby authorize **Downtown Church**, hereinafter called 'COMPANY,' to initiate debit entries against my (our) account at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, and if necessary, to electronically credit my (our) account to correct erroneous debits. Debit the named account for the purpose of **Monthly Offerings**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. **Choose ONE or BOTH options below.**

\$ \_\_\_\_\_ 2<sup>nd</sup> Friday of Every Month  
Offering Amount

\$ \_\_\_\_\_ 4<sup>th</sup> Friday of Every Month  
Offering Amount

**Complete with your Financial Institution Information.....**

_____	_____	
Financial Institution/Depositor Bank	Branch	
/	/	
_____	_____	_____
Address	City/State	Zip

_____	_____	<b><u>Checking or Savings</u></b>
Routing Number	Account Number	Circle One

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing, at **Downtown Church / P.O. Box 181, Milford, Iowa 51351** that I (we) wish to revoke this authorization. I (we) understand that the COMPANY requires at least five (5) business days prior notice in order to cancel this authorization.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**When complete, please hand deliver to Sharon Hoerichs, Downtown Church Treasurer, or mail to her attention at the above address.**

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**