



FIRST CHRISTIAN REFORMED CHURCH of BELLFLOWER

ACH Debit Authorization Form

I (we) hereby authorize First Christian Reformed Church of Bellflower to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Account Information

Checking Account Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name (Bank) _____

Routing Number _____

Account Number _____

Amount (\$) of debit(s): _____

Frequency of debit(s): Once a month on the 15th

I (we) understand that this authorization will remain in full force and effect until I (we) notify *First Christian Reformed Church of Bellflower* in writing or by phone, that I (we) wish to revoke this authorization. I (we) understand that *First Christian Reformed Church of Bellflower* requires at least **ONE WEEK** prior notice in order to cancel this authorization.

Name(s): _____

Signature(s) _____

Date _____