

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CALVARY UNITED METHODIST CHURCH

131 West Second Street  
Frederick, MD 21701

I (we) hereby authorize Calvary United Methodist Church, hereinafter called THE CHURCH, to initiate debit entries to my (our) Checking Account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ABA ROUTING # \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ Checking or Savings (circle one)

DOLLAR AMOUNT \$ \_\_\_\_\_

to be withdrawn \_\_\_\_\_ (Specify weekly/monthly)

This authorization is to remain in full force and effect until THE CHURCH has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford THE CHURCH and DEPOSITORY a reasonable opportunity to act on it.  
ATTACH A VOIDED CHECK AND RETURN THIS FORM TO THE CHURCH OFFICE.

NAME(S) \_\_\_\_\_  
(Exactly as it appears on Checking Account)

CHURCH ID NUMBER (Envelope #) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

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NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION