ACH AUTHORIZATION FORM

First Presbyterian Church
650 2nd Ave N
Fargo, ND 58102

PLEASE PRINT:

Name: _____ Address: _____

Financial Institution: _____ Address: _____

☐ New Authorization ☐ Change Donation Amount ☐ Discontinue Donation

☐ Change Banking Information ☐ Change Donation Date

CONTRIBUTON INFORMATION:

Choose one: ☐ Monthly on the 1st Wednesday ☐ Monthly on the 3rd Wednesday

Starting in (month, year): _____

Total Amount per Contribution: $ _____

Please take my contribution directly from the account specified:

☐ Checking Account (enter routing/account info below or attach voided check)

☐ Savings Account (enter routing/account info below or attach a savings deposit)

Routing #: _____ **Account #:** _____

ATTACH HERE

I authorize First Presbyterian Church to process debit entries to my account. I agree that ACH transactions I authorize comply with the laws of the United States and all applicable law. I have attached a voided check. I understand that this authority will remain in effect until I give two weeks prior notice, by email or phone, to terminate this authorization.

Authorized signature on my account: _____ Date: _____