

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Cross Bend Christian Church, Plano Tx 75023 Tax ID: 75-1436555

I (we) hereby authorize Cross Bend Christian Church to initiate debit entries to my (our) bank account indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Financial Institution Name _____

Branch _____

City _____ State _____ Zip _____

Account Type Checking Savings

Routing Number _____ Account Number _____

Amount of debit entry (two withdrawal days per month are available):

3rd day of calendar month _____ (1)

17th day of calendar month _____ (1)

Note: all contributions will be credited to the General Fund account of Cross Bend Christian Church unless specifically noted here: _____

This authorization is to remain in full force and effect until Cross Bend Christian Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Cross Bend Christian Church and Depository Financial Institution named above a reasonable opportunity to act on it.

Printed Name (s) _____

Date _____

Signature (s) _____

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 (by written notification).

A voided check must be included with this form. Do not attach a deposit slip.