



# Authorization Agreement for Direct Payments (ACH Debits)

### Step 1 – Effective Date

Effective Date \_\_\_\_\_

### Step 2 – Type

- \_\_\_\_ New Authorization
- \_\_\_\_ Discontinue Electronic Giving
- \_\_\_\_ Change Contribution Amount
- \_\_\_\_ Change Contribution Frequency
- \_\_\_\_ Change Financial Institution Account

### Step 4 - Frequency of Transfer

(check one)

- \_\_\_\_ Semi-monthly  
(Transferred the 7<sup>th</sup> /21<sup>st</sup> of each month)
- \_\_\_\_ Monthly  
(Transferred the 15<sup>th</sup> of each month)

### Step 3 - Name and Address

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

### Step 5 - Amount

Amount per fund for EACH transfer:

- General Fund \_\_\_\_\_
- Benevolent Fund \_\_\_\_\_
- Debt Reduction Fund \_\_\_\_\_
- Great Commission Fund \_\_\_\_\_
- CAMA Services \_\_\_\_\_

### Step 6 – Account Information

(Contribution amount will be taken directly from the account specified)

- \_\_\_\_ Checking Account (attach a voided check)
- \_\_\_\_ Savings Account (attach a savings deposit slip)



Name of Bank \_\_\_\_\_  
 Address of Bank \_\_\_\_\_  
 Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

### Step 7 – Authorization

I hereby authorize East Gate Alliance Church to process debit entries from my account in the amounts indicated above. I have attached a voided check or savings deposit slip. This authorization will remain in full force and effect until East Gate Alliance Church has received from me either written notification (at least 14 days prior to withdrawal date) of its termination or a new Authorization Form to change terms. If this is a joint account, both holders must sign below.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

### Step 8 – Submit

Place the completed form in a sealed envelope marked to the attention of "Treasurer: Electronic Giving".  
 Return the form to the church office or mail it to the church at: 2203 E. Becker Rd, Marshfield, WI 54449  
 Phone: 715 387-3654 Email: cmamarshfield@verizon.net