

Consumer Authorization for Direct Payment via ACH ACH Debits

I hereby authorize Hilldale United Methodist Church to initiate electronic debit entries to my (our) account(s) indicated below and the financial institution named below, hereinafter called "Financial Institution". I acknowledge that ACH transactions I authorize must comply with all applicable law. In the event of an erroneous or duplicate entry, I hereby authorize Hilldale United Methodist Church to credit my account indicated below to correct any error made.

Financial Institution Name

Financial Institution Address

Checking Saving

Routing Number

Account Number

Amount of Debit

Payment Date(s) and/or Frequency of Debits(s)

This authorization is to remain in full force and effective until I notify Hilldale United Methodist Church in writing that I wish to revoke this authorization. I understand that Hilldale United Methodist requires at least 2 weeks prior notice in order to cancel this authorization.

Print Name

Signature

Date

Please attach a Voided Check to this authorization