



Consumer Authorization for Direct Payment via ACH Debits

I (we) authorize State College Presbyterian Church to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account Savings Account (select one) at the depository financial institution named below. ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Checking Account Title _____

Routing Number _____ Account Number _____

*Please attached a voided check, if possible, for most accurate processing.

Please debit my account in the amount of: \$ _____

Please debit my account: _____ one time only: on (month) _____ 1st OR 15th
_____ Monthly, on _____ 1st OR _____ 15th
_____ Quarterly (1st of the month in January, April,
July and October)

Debits will occur on the business day FOLLOWING the 1st/15th if that day falls on a weekend or holiday.

I (we) understand that this authorization will remain in full force and effect until I (we) notify State College Presbyterian Church in writing that I (we) wish to revoke this authorization. I (we) understand that State College Presbyterian Church requires at least 45 day(s) prior notice in order to cancel this authorization.

Name(s) _____

Date _____ Signature(s) _____

Contact Info (phone & email): _____