



## 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) \_\_\_\_\_ 1<sup>st</sup> OR 15<sup>th</sup>  
\_\_\_\_\_ Monthly, on \_\_\_\_\_ 1<sup>st</sup> OR \_\_\_\_\_ 15<sup>th</sup>  
\_\_\_\_\_ Quarterly (1<sup>st</sup> of the month in March, June, Sept  
and December)

Debits will occur on the business day FOLLOWING the 1<sup>st</sup>/15<sup>th</sup> 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): \_\_\_\_\_