

## **ACH Debit Authorization Form**

I (we) hereby authorize *Herndon United Methodist Church Preschool*, hereafter called COM-PANY, to initiate debit entries (withdrawals) to my (our) Account indicated below and the financial institution below, hereafter called FINANCIAL INSTITUTION, 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 the U.S. law.

F	Financial Institution														Branch										
A	ddres.	S														I									
City								State								Zip									
<u> </u>		RS ACCC							UDUNT NUMBER INFORMATION																
I:									l:																
on in t am effe tior	CHECKING SAVINGS SAVINGS Aving Saving																								
	me(s)																								]
Address																									
City						State								Zip											
Sig	ned															Dat	te								1

THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.

## PLEASE ATTACH A VOIDED CHECK