



Clover Presbyterian Church

Authorization of Automatic Draft (ACH) for Direct Payments

I (we) hereby authorize the Clover Presbyterian Church to initiate debit entries to my (our)

___ Checking Account

___ Savings Account

indicated below at the depository financial institution named below, and to debit the same to such accounts. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____

Account Number: _____

Amount to be Debited: \$_____

Frequency: ___ Weekly ___ Monthly ___ Other (specify)_____

This authorization is to remain in full force and effect until the Clover Presbyterian Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Clover Presbyterian Church and the Depository Institution a reasonable opportunity to act on it.

Name(s): _____ SSN _____ - _____ - _____
(please print)

Date: _____ Signature: _____