

Community of Grace Authorization Agreement

For Direct Withdrawals - ACH Debits

I hereby authorize Community of Grace, hereinafter called COMPANY, to initiate debit entries from my:

___ Checking Account ___ Savings Account *(select one)*

at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Withdrawals will take place on the 10th of each month.

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Name on Account _____

Monthly Amount to be Withdrawn _____

Designation:

General _____

Building _____

Other (please specify) _____

This authorization is to remain in full force and effect until COMPANY has received notification in writing from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name *(please print neatly)* _____

Date _____

Signature _____

This authorization must be signed and submitted with a voided check to:

Community of Grace
20783 N 83 Ave, Suite 103-621
Peoria, AZ 85382
623.572.0050