

*We offer direct debit payments from your account, should you so desire. We are setting it up conveniently for the charge to occur around the 20<sup>th</sup> of each month in the amount you specify. Once set up, only written notification is required to stop the charges. Please call Shawna Knauf, Treasurer at (970)376-8693, if you have any questions.*

**If you are already setup for ACH, please confirm that all of your account information has not changed.**

- Not changed**
- New info - see below**

**Authorization Agreement for Direct Debits (ACH Debits)**

**Episcopal Church of the Transfiguration**

I (we) hereby authorize the Episcopal Church of the Transfiguration, hereinafter called COMPANY, to initiate Debit entries to my (our) ( ) Checking ( ) Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to Debit the same to such account. The Debit entries are to be made around the 20<sup>th</sup> of each month in the dollar amount of \$\_\_\_\_\_. 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 \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

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

NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_ SIGNED \_\_\_\_\_ SIGNED \_\_\_\_\_