

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Knox United Presbyterian Church, 9595 W. 95th Street, Overland Park, Kansas, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)	(Branch)		
(Address)	(City)	(State)	(Zip)
(Routing/Transit Number)	(Account Number)	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(print individual name)	(print individual name)
(Signature)	(Signature)

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM

Please deduct \$_____ from my account *Weekly* *Bi-Weekly* *Monthly* beginning in the month of _____ as follows:

- \$_____ First Monday of the month
- \$_____ Second Monday of the month
- \$_____ Third Monday of the month
- \$_____ Fourth Monday of the month
- \$_____ Fifth Monday of the month (when occurring)

Questions? Contact Becca
Wagner at 913-449-6476 or
becca.wagner@yahoo.com.

Once completed, please seal in an envelope addressed to Recording Treasurer
and leave in the plate or in the church office.