



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 Account ☐ Checking ☐ 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

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

Please deduct \$ from my account ☐ weekly ☐ bi-weekly ☐ monthly beginning in the month of as follows:

QUESTIONS?

\$ First Monday of the month

\$ Fourth Monday of the month

\$ Second Monday of the month

\$ Fifth Monday of the month

\$ Third Monday of the month

Contact Becca Wagner
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