

ACH Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)



Spring Mill Bible Camp

(herein referred to as "Company")

P.O. Box 508

Mitchell, IN 47446

812-849-3111

I (we) hereby authorize Company to initiate debit entries to my (our) Checking/Savings Account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

Depository Name: _____ **Branch** _____

City: _____ **State** _____ **Routing/Transit # (ABA)** _____

Checking Account #: _____ **Savings Account #:** _____

Begin Date: _____ **Termination Date:** _____ **Recurring Amount:** \$ _____

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.

Depositor Name: _____ **Depositor Name:** _____

Signature _____ **Date** _____ **Signature** _____ **Date** _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Depositor is required to verify bank account data and attach a voided check here.

VOID