



Authorization Agreement for Preauthorized Payments (ACH Debits)

I (we) hereby authorize O'Fallon First United Methodist Church, hereinafter called CHURCH, to initiate debit entries, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account to the CHURCH. I (we) acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law.

Name of Financial Institution Branch

Address City/State Zip Code

Type of Account (please circle one): Checking / Savings

_____ Please debit my (our) account monthly on the first Tuesday from September 2026 - May 2027 in the amount of \$_____

- If the transaction will be made from a checking account, please attach a voided check. A deposit slip cannot be accepted.
- If the transaction will be made from a savings account, please have a bank employee provide or confirm the routing and account number.

_____ Routing Number Account Number

This authority is to remain in full force and effect until CHURCH has received written notification from me (or either of us) by the 15th of the month 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 Signature Date

Print Joint Account Owner Name Signature Date