

**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Hillcrest Covenant Church, hereinafter call COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call 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 (at least 5 days before a scheduled withdrawal).

(print individual name)	(print individual name)
(print individual ID number)*	(print individual ID number)*
	(Signature)**
	(Signature)**
(Date)	

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM  
(you will be sent a copy of this form)

Please debit my account listed above for the following amount(s):

On the 5<sup>th</sup> of each month: \_\_\_\_\_

On the 20<sup>th</sup> of each month: \_\_\_\_\_

\*Please leave the individual ID number blank – it will be assigned by Hillcrest.  
\*\*If 2 people are on the account, please have both sign this form.

For questions, please contact Meg at 913-901-2303 in the Business Office. Form can be returned to the Business Office (Room 215) at church or mailed to Hillcrest Covenant Church, 8801 Nall, Prairie Village, KS 66207, Attn: Business Office.