



THE FEDERATED CHURCH

224 N. Union Avenue, Fergus Falls, Minnesota 56537 Phone: (218)739-3227

Pastor Douglas Dent



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: The Federated Church

I (we) hereby authorize the Federated Church to initiate debit entries to my (our) Checking Account or Savings Account indicated below at Security State Bank, Fergus Falls, MN, and to debit such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Depositor: Security State Bank,

City: Fergus Falls, State: MN Zip code: 56537

Checking Account

Bank Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until The Federated Church has received written notification from me (or either of us) of its termination in such a time and such manner as to afford The Federated Church and Security State Bank a reasonable opportunity to act on it.

Printed Name: _____

Signature: _____

Joint Owner (if applicable) Printed Name: _____

Signature: _____

ACH debit to first occur month of _____, _____

Regular debit(s) made on (choose) _____ 2nd _____ 16th of each month by in the **amount of** : \$_____.

Please attach a voided check (not a deposit slip) to this form and return to the church office.



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