

Bethlehem United Church of Christ  
423 S. Fourth Avenue  
Ann Arbor, Michigan 48104  
(734)665-6149  
FAX: (734)665-3399

2017

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)**

I (we) authorize Bethlehem UCC to initiate debit entries to my (our)

\_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Account

At the depository financial institution named below, and to debit the same to such account, I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository  
Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Account  
Number \_\_\_\_\_ Number \_\_\_\_\_

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

I (we) request the following amount

\$ \_\_\_\_\_

Be debited to our account monthly (this will come out of your account the fourth Tuesday of each month)

\_\_\_\_\_ Month/Year you would like to start electronic giving

Name(s) \_\_\_\_\_  
(please print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

\_\_\_\_\_