

ACH Debit Authorization Form

Please complete this form, attach your voided check, and mail to:

Ashburn Presbyterian Church
Attn: Treasurer
20962 Ashburn Road
Ashburn, VA 20147

You may also drop off the form at the church office in an envelope marked Attention: Church Treasurer.

I (we) hereby authorize Ashburn Presbyterian Church, hereafter called APC, to initiate debit entries to my (our) Account indicated below and the financial institution below, hereafter called FINANCIAL INSTITUTION, to debit the same to such account for (Application). I (we) acknowledge that 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)

_____ _____ ___Checking ___Savings
(Routing Number) (Account Number)

Amount: _____

Frequency: ___Semi-Monthly (15th & 30th) ___Monthly (15th or 30th) ___Quarterly (1/1, 4/1, 7/1, 10/1)

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

(Print Individual Name) (Signature)

(Print Individual ID Number) (Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM