



## **Authorization Agreement For Direct Payments/Donations (ACH Debits)**

I hereby authorize Epworth Church Association hereafter called company, to initiate entries to my checking account or savings account (select one) indicated below at the depository named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the originating ACH transactions to my account must comply with the provisions of U.S. law.

Depository name

Depository City, State, Zip

Routing Number

Account Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such a time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (Please Print)

Cottage Name

Address, City, State, Zip Code

Phone Email Address

Signature

Date

**NOTE: WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER RECEIVED SPECIFIED IN THE AUTHORIZATION.**