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Authorization Agreement for Automatic Withdrawals (ACH Debits)

I/ we hereby authorize **Hopkins Community Church**, hereinafter called **HCC** to initiate debits to my/ our **checking** **savings account** (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

This shall occur on the:

15th 30th 15th and 30th
day of each month in the amount of \$ _____.
*February's withdrawal will be processed on the last day of that month.

I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

Financial Institution Information

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

Transit/ ABA Number _____ - _____ - _____

Account Number _____

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

NAME(s) _____ ID Number _____

DATE _____ SIGNATURE _____

Please attach a voided check or deposit slip
for the account you would like your payment to come from.