

COMPLETION INSTRUCTIONS
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS
WHOLEHEARTED DEVOTION DESIGNATION

An authorization agreement must be completed for every customer utilizing Direct Debit to either checking or savings at any NACHA member financial institution. (National Association Clearing House Association)

This authorization agreement, pictured below, allows CFC to initiate debits to the your account and allows your bank to accept the debit entries withdrawing funds from the proper account.

The information required includes:

1. Indicate Type of Account - checking or savings.
2. Name of financial institution funds are to be debited from and its address.
3. Branch - Branch of financial institution with which the customer deals.
4. Bank Transit/ABA No. - Bank's number, which is the first group of numbers found along the bottom left edge of a personal check. (Can also be found on 3DACH list, 3rd Federal Reserve District List). Please attach a voided check from the account that you plan to use.
5. Account Number - Account number at the financial institution where money is to be debited.
6. Name(s) - Printed or typed name of customer.
7. Identification Number - Social Security Number.
8. Date - Date authorization is being signed.
9. Signed - Signature of Customer.
10. For designations other than Wholehearted Devotion, contact John Keeny, Director of Business Operations.

After the authorizations are completed, CFC will retain one copy, and one is given back to you. CFC must retain the authorizations for a period of two years after revocation of the service. CFC must be able to provide a copy of a your authorization should DNB First or the receiving Bank or financial institution request it.

AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEBITS

Please mail completed form and enclosure to:

Calvary Fellowship Church, 95 W. Devon Drive, Downingtown, PA 19335

I hereby authorize Calvary Fellowship Church hereafter called CFC, to initiate debit entries to my Checking_____or Savings_____ (please place an X) account indicated below and the depository named below, hereinafter called Depository, to debit the same such account. The debit entries to said account should be in the amount of \$ _____ weekly_____ biweekly_____ monthly_____ other_____ (please place an X).

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Bank Transit/ABA No. _____ Account No. _____

Please attach a voided check from account.

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

Name _____ Identification Number _____

Date _____ Signed _____