Crestview Church
Authorization for Direct Deposits (ACH Debits)

I (we) hereby authorize Crestview Christian Reformed Church, to initiate Debit entries to the account indicated below at the depository financial institution named below, in the amount identified below.

Name: _____

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Type of Account (check one): Checking _ Savings _

Amount: _____

Frequency (check one):

__One-time __Weekly

__Twice per month __Monthly

Duration (check one):

__Until I (we) terminate this authorization

__Terminating on _____ (insert date)

Additional instructions: _____

* * * * *

Signature: _____

Date: _____

If joint account, both individuals must sign

Signature: _____

Date: _____

This authorization may be terminated at any time by providing written notice to Peter Ruh at peterruh60@gmail.com or by contacting the church office via phone or email.