AUTHORIZATION AGREEMENT FOR AUTOMATED ACH DEBITS

I hereby authorize St. John's United Methodist Church to initiate debit entries from my account on the __1st / 16th____ day of each month, in the amount of $ _____. If the day your account is to be debited, is on a weekend or federal holiday, my account will be drafted the following business day. Listed below is my account information for the funds to be debited. I understand I must notify you of any changes to my account. (attach a voided check)

_____ Checking _____ Savings

BANK NAME _____

CITY _____ STATE _____

Transit / ABA # _____

Account # _____

This authority is to remain in effect until _____Date___ or has received written notification from me of its termination. This notification of termination must be received within one week of the next posting date.

SIGNATURE _____ DATE _____

ID Card _____