

DIRECT DEBIT AUTHORIZATION

I authorize First Presbyterian Church of LaGrange to debit my account (as described below) with pre-authorized payments on my behalf. This authorization will remain in effect until revoked by me in written form and received by First Presbyterian Church of LaGrange.

I understand that in such a case that a debit is necessary to my account, I agree that the treatment of such a withdrawal order shall be the same as if it were signed or otherwise personally authorized by myself. If such an item were to be dishonored, with or without cause, I shall not hold the bank responsible for any such liability.

START DATE _____

Name as it appears on your account _____

Name of Member if different than above _____

Address _____ City, State, Zip _____

Name of Your Bank _____

ABA Routing Number _____ Account Number _____

Account Type Checking _____ Savings _____

Amount of Contribution(s) \$ _____ \$ _____

Date(s) Contribution(s) 1st of each month _____ 15th of each month _____
To be given

By signing this agreement, I agree to the stated terms as described above:

Signature of Account Holder(s): _____

JOHN DOE
800 N 500 W
My Town, UT 84000

1234
10-0000-0000

FOR DEPOSIT ONLY

MY TOWN BANK
My Town, UT 84000

Routing number Account number

Do not include the check number

FOR _____

⑆ 250250025 ⑆ 000002020202 ⑆ 1234