



Authorization Agreement for Prearranged Payments (ACH Debits)

I (we) hereby authorize Christ Episcopal Church to initiate debit entries to my (our) checking/savings account indicated below and the depository named below, hereinafter called "Depository", to debit the same to such account.

DEPOSITORY

Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA: _____ Account #: _____

Type: Checking Savings

This authority is to remain in full force and effect until Christ Episcopal Church and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Christ Episcopal Church and Depository a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to Depository at such time as to afford Depository a reasonable opportunity to act on it prior to charging account. After account has been charged, I (we) have the right to have the amount of an erroneous debit immediately credited to my account by Depository, provided I (we) send written notice of such debit entry in error to Depository within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Please draft my account on the 5th or 25th of each month.

Name(s): _____

Monthly amount to be drafted: \$ _____

Month draft begins: _____

Date: _____ Signed: _____

Please fax this form to Diane Dixon at (919) 834-8939

or mail to:

Christ Episcopal Church
Attn: Business Office
120 East Edenton Street
Raleigh, NC 27601

Updated 6/20/2017