

Authorization Agreement for Direct Payments (ACH Debits)

New Hope Presbyterian Church FEIN 84-1111589

I (we) hereby authorize New Hope Presbyterian Church, hereinafter called COMPANY, to initiate debit entries to my(our) Checking OR Savings account (select one) indicated at the bank or credit union named below, hereinafter called DEPOSITORY, and to debit the same to such account. I(we) acknowledge that the origination of ACH transactions to my(our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____

BRANCH _____

CITY STATE ZIP _____

ROUTING # _____

ACCOUNT # _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (please print) _____

DATE _____

SIGNED X _____

SIGNED X _____

Note: All written debit authorization should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please attach a voided check.

We would like our direct payment to begin with the month of _____ on the 1st or 16th .

Please complete the following:

My monthly contribution to New Hope includes the following:

Operating Fund \$ _____ Capital Campaign \$ _____

Deacons \$ _____ Other \$ _____

Total \$ _____

Complete and send to New Hope Presbyterian Church, 3737 New Hope Way, Castle Rock, CO 80109, Attention: Financial Administrator