



AUTHORIZATION AGREEMENT FOR ACH DEBITS

I (we) hereby authorize Christian Women’s Job Corp of McLennan County, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account / _____ Savings Account (select one) indicated below at the depository financial institution 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 _____ TX _____ Zip _____

Routing Account
Number _____ Number _____

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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

(Please Print)

Address _____ City, State, Zip _____

Date _____ Signature _____

Monthly Donation Amount \$ _____

To be deducted from my (our) account on the _____ 3nd or _____ 17th day of each month.