

Authorization Agreement for Direct Payments

Crosswinds Church

8106 31st Ave. NW ~ Oronoco, MN. 55906 ~ (507) 289-7937

Withdrawal Information

This is a request to have funds withdrawn from my specified account **twice a month**, on or about the **2nd and 4th Thursdays of each month**, and transferred to the specified account for Crosswinds Church. To change or cancel this authorization, Crosswinds Church will need written notification on an authorization form. Allow 2 weeks when requesting a change or cancelling this service. Please return this completed form to the church office for processing.

1. This is a (choose one): New Request Change to a previous request Cancellation of a previous request

2. Type of Account to withdraw funds from: Checking Savings

Name as it appears on the account _____

Routing number for ACH transactions _____

Account Number _____

Name of Financial Institution _____

Address of Financial Institution _____

City/State/Zip _____

Date of first withdrawal _____

Amount of withdrawal: \$ _____
(this is the amount per withdrawal NOT the monthly amount)

3. I the undersigned hereby authorize the ACH transactions to be initiated and processed to my accounts indicated below. I further authorize and consent the named financial institution to release information about my account to **Think Federal Credit Union** in order to carry out my instructions for the ACH transfer. I have read and understand the terms and conditions provided. **This authorization will remain valid until Think Federal Credit Union, Crosswinds Church, or I revoke it.** I acknowledge that the origination of the ACH transaction to my account must comply with the provisions of U.S. law and ACH regulations.

x _____

Signature of Account Owner