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AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize _____ FaithWorks _____ to initiate debit entries in the amount of _____ to my (our) account as described below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution)

(Branch)

(Street Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: _____ Checking _____ Savings

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

Print Name _____

Date _____

Signature _____

Address _____

Phone _____

ATTACH A VOIDED CHECK TO THIS FORM