

3600 N 4th St.
Flagstaff, AZ 86004
E-Mail: GlenAllen@Faithworks4us.org

Ph: (928)526-1397
Cell: (928)821-1073
Web: Faithworks4us.org



AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize _____ to initiate debit entries 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 _____
Has received written notification from me (or either of us) of its termination in such time and in such
manner as to afford _____ reasonable opportunity to act on it.

Print Name _____

Print ID Number _____

Date _____

Signature _____

Address _____

Phone _____

ATTACH A VOIDED CHECK TO THIS FORM