

Assemblies of God Foundation Electronic Funds Transfer Form

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS (ACH CREDITS)

This will authorize ASSEMBLIES OF GOD FOUNDATION, to initiate credit Entries and to initiate, if necessary, debit Entries and adjustments for any credit Entries in error to the Checking () Savings () account (select one) indicated below for interest payments due to you on the account number indicated below. This authorization is to remain in force until AG Foundation has received written notice of its termination in such time and in such manner as to afford AG Foundation and DEPOSITORY a reasonable opportunity to act on it. This authorization does not change the terms of your contract.

This will authorize the BANK indicated on the enclosed checking or savings deposit ticket, and as listed below, to debit and/or credit the same to the account listed below.

AG Foundation is hereby authorized to deposit payments by EFT (Electronic Funds Transfer) for accounts listed as follows:

ACCOUNT #: _____ ACCOUNT NAME: _____

PERSONAL INFORMATION

Name (Please Print)

Date Signature

Address

Date 2nd Signature (if required)

City State Zip

(_____) _____
Telephone Number

BANK INFORMATION

Bank Name (Please Print)

Bank Account Number

Bank Address (Please Print)

Bank Routing # for Electronic Payment Transfers

City State Zip

(_____) _____
Bank Telephone Number

PLEASE ATTACH VOIDED CHECK HERE

Date Implemented

For AG Foundation Office Use Only

Initials
