

**CONTRIBUTIONS AUTHORIZATION AGREEMENT  
FOR AUTOMATIC WITHDRAWALS  
(ACH DEBITS)**

I (we) hereby authorize THORNAPPLE VALLEY CHURCH to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) bank account indicated below and my FINANCIAL INSTITUTION named below. Transactions will take place on the 15<sup>th</sup> and/or 30<sup>th</sup> of each month.

MY FINANCIAL INSTITUTION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please provide one of the following:

Checking Account Number \_\_\_\_\_ and Bank Routing Number \_\_\_\_\_  
OR  
(You may call your bank for this number.)  
Savings Account Number \_\_\_\_\_ and Bank Routing Number \_\_\_\_\_  
(See example image below.)



Routing #    Checking Account #    Check #

CHECK ONE OR BOTH FOR MONTHLY TRANSACTION DATE

15<sup>TH</sup>     30<sup>TH</sup>

**If both are checked, the \$ amount stated below will be withdrawn twice per month.**

\$ AMOUNT TO BE WITHDRAWN \_\_\_\_\_ WITHDRAWAL START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

If you wish to donate an additional amount to a specific fund please specify below:  
(Example – Poor Box, Mission Fund, etc.)

\$ AMOUNT \_\_\_\_\_ FUND \_\_\_\_\_ \$ AMOUNT \_\_\_\_\_ FUND \_\_\_\_\_

This authority is to remain in full force and effect until THORNAPPLE VALLEY CHURCH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford THORNAPPLE VALLEY CHURCH and my FINANCIAL INSTITUTION a reasonable opportunity to act on it.

YOUR NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

If you have any questions please contact our Bookkeeping Department at 269-948-2549 ext. 509 or 501  
Monday – Thursday 8:30 a.m. – 2:30 p.m.