

Debit Authorization

I (we) hereby authorize Oologah United Methodist Church, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the originating financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for contributions, signed this date _____.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Debit Account:

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: _____ Checking _____ Savings

(Monthly Debit Amount) (Date of 1st Debit)

Originating Financial Institution:
Lakeside State Bank Oologah, OK
ABA # 103102070

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

(Print Individual Name) (Signature)

(Print Individual Name) (Signature)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!