



## ACH Authorization Form

### Church/Individual Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Banking Information

Financial Institution: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:      Checking      Savings

### Authorization

I confirm that I am an authorized signatory on the above account and hereby authorize the Reformed Church in America to directly debit this account.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

If you have questions, please contact Terri Boven at 616-541-0835.