AUTHORIZATION AGREEMENT FOR AUTOMATIC (ACH) CONTRIBUTIONS (ACH DEBITS) TO THE EMMANUEL REFORMED CHURCH [ALL FUNDS]

I hereby authorize Emmanuel Reformed Church to initiate debit entries to my account indicated below and the Financial Institution named below, to debit same to such account. This authority is to remain in full force and effect until Emmanuel Reformed Church has received written notification that I wish to revoke this authorization in such time and manner to allow a reasonable opportunity to act upon the request.

Your Financial Institution N	Vame	Branch	
Bank Address	C	ity and State	Zip
Routing/Transit Number		Account Num	ber
Type of Account: Checking Ministry Designation (If you would in the space below, and designate the	l like to sign up for mu	ıltiple, separate d	lonations, please put the number 1-4
General Fund Leadership	Development Fund _	Compton Init	iative
Vision Fund Other:		(please specify)	
Contribution options and amoun Weekly: Every Monday	ts : Amount (1):	Amount	(2):
	Amount (3):	Amount	(4):
Bi-Weekly: Every other Monday	Amount (1):	t (1): Amount (2):	
	Amount (3):	ant (3): Amount (4):	
Monthly: on the 15th	Amount (1):	at (1): Amount (2):	
	Amount (3):	Amount	(4):
One-Time Donation:	Amount:	Ministry	:
Print Name			Address: (Street, City, State, Zip)
Signature	Dat	e	
PLEASE ATTACH A VOIDED (FORM TO:	CHECK AND SUBM	IIT THIS	Phone Number:
Ruth Zymkowitz Emmanuel Reformed Church 8303 Alondra Blvd.			Email Address:

Paramount, CA 90723