ACH Withdrawal Authorization

Client Information Please Type or Print	Church/Org. Name: Bank Name: Name on Bank Account: Account Mailing Address: Phone: Email:
Bank. Account Information Mark either Checking or Savings Account and provide account information	Checking Account Please provide either a voided check or copy of a voided check with routing & account numbers clearly legible or provide the numbers below. Savings Account Savings or Checking Account Number: Sav
Please SIGN	Authorized Signature: Print Name: Date: This agreement remains in force and effect until written notification by an authorized representative of the client is received in such a time and manner as to afford Suran Systems, Inc. and its bank a reasonable opportunity to act on it. Upload form & voided check (if including) to our File Depot at the link below. For security purposes, please DO
Submission Information	NOT email your form to us. https://www.suran.com/file-depot/ Once upload is complete, please email customerservice@suran.com to notify us that the form has been uploaded
For Admin Use Only	Set Up Bv: Date: ID:

Suran Systems, Inc.