ACH Withdrawal Authorization

	Client ormation ase Type or Print	Church/Org. Name: Bank Name: Name on Bank Account: Account Mailing Address: Phone: Email:			
n C	Bank. Account ormation Mark either hecking or Savings Account and provide account of the formation	Checking Account First Church 13 Main Street			Date
	Please SIGN bmission	Authorized Signature:			
Information		Scan (or take high-resolution photo of) the completed form and copy of voided check, if applicable, and attach to an email sent to:			
For Admin Use Only		Set Up By:		Date:	ID:
your logo here		your logo here		organizatior	n contact information here