

If automatic bank withdrawal method of payment is desired, please fill in the form below and return with your pledge. This is necessary **each year**, even though you may have had your payment withdrawn in the past. All transfers **to** Concord Church come through WSFS depository. **YOUR** bank name and account number should be listed on the appropriate line.

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (ACH DEBITS)

Organization _____ Organization _____
Name: Concord Presbyterian Church/WSFS Account Number: N/A

I (we) hereby authorize Concord Presbyterian Church/WSFS, hereinafter called organization, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called depository, to debit the same to such account for the amount of \$ _____ on a monthly basis.

Depository
Name: W.S.F.S. City: Wilmington State: Delaware Zip: 19999

Individual's Bank Name: _____

Individual's Checking Account Number: _____

Transit/ABA NBR: N/A (For Official Use Only)

This authority is to remain in full force and effect until organization and depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford organization and depository a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to depository at such time as to afford depository a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by depository, provided I (we) send written notice of such debit entry in error to depository within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Name(s): _____
Please print

Date: _____ Signature _____

Signature