

Authorization Agreement for Direct Payments (ACH Debits)

I/we hereby authorize <u>The Lake of the Woods Church</u> , he debit entries to my/our checking account at the depositor hereinafter called Depository, and to debit the same to see be posted on the $8^{th} - 12^{th}$ of each month in the amount of I/we acknowledge that the origination of ACH transaction with the provisions of U.S. Law.	ry institution named below, uch account. The debit entries will of \$
Depository Name	
City/State/Zipcode	
This authorization is to remain in full force and effect un notification from me/us of its termination in such time a Depository a reasonable opportunity to act on it. Leint accounts must be signed by both parties	
Joint accounts must be signed by both parties.	
Name:Owner	Date:
Name: Joint Owner	Date:
Signature(s):	
Owner:	
Joint Owner:	
Please attach a CHECK marked as VOID. Submit the f	orm and voided check in a sealed

Please attach a CHECK marked as VOID. Submit the form and voided check in a sealed envelope addressed to LOWC Treasurer. For questions or information please contact treasurer@lowchurch.org.

LOWC Trustees/Treasurer Direct Deposit Authorization Form January 2024