

DIRECT DEBIT [ACH DEBIT] AUTHORIZATION FORM

NAME: _____ SOCIAL SECURITY # _____

I [we] hereby authorize **Metropolitan Baptist Church** through National Church Supply Co., Inc [NCS Envelope Service], hereinafter called **Company** and the depository financial institution named below, hereinafter called **Depository**, to initiate electronic debit entries, and if necessary, process any adjustments needed to correct entries made in error, to my [our] account listed below. I [we] acknowledge that the origination of ACH transactions to my [our] account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Routing Number _____

Account Number _____

Checking Account Savings Account

This authority is to remain in full force and effect until **Metropolitan Baptist Church** through the **Company** has received written authorization from me of its termination in such time and manner as to afford **Metropolitan Baptist Church** through the **Company** and **Depository** a reasonable opportunity to act on it.

[PRINT NAME]

[SIGNATURE] [DATE]

Social Security Number _____

Please fax this completed form to 1-304-387-5266 - or - Mail the form to:
NCS Envelope Service™
P.O. Box 269
Chester, WV 26034