



**AUTHORIZATION AGREEMENT FOR
ELECTRONIC TRANSFER OF FUNDS VIA ACH NETWORK**

___ New Authorization Form ___ Amended Authorization Form

Blue Springs Assembly
2501 NE Duncan Road
Blue Springs, MO 64029
Phone: 816-847-0200
Fax: 816-847-0211

I (we) hereby authorize Blue Springs Assembly to initiate debit entries to my (our) ___ Checking Account/ ___ Savings Account (select one) indicated below at my (our) financial institution named below, and to debit the same to such account. I (we) acknowledge that our origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____

Branch _____ City _____ State _____ Zip _____

Routing/(ABA)# _____ Account# _____

This authorization is to remain in full force and effect until Blue Springs Assembly has received written notification to the address above from me (or, either of us) of its termination in such time and in such manner as to afford Blue Springs Assembly and their depository institution a reasonable opportunity to act on it.

Full Name (please print) _____

Address _____

Home Phone: _____ **Office Phone:** _____

Email Address: _____

**** PLEASE ATTACH A VOIDED CHECK ****

Please allow 1-2 weeks for processing of your initial ACH debit payment in order to allow Blue Springs Assembly to pre-note (verify) your account. Once this authorization request has been processed, you will receive written notice for your records, which will include the date of your first debit transaction, as well as a copy of this authorization which contains revocation instructions.

I (we) wish to contribute offerings to Blue Springs Assembly by way of Electronic Transfer of Funds (ACH Debit).

The amount, transfer date and fund designation intended is below (please complete). Withdrawal will be made on Fridays.

Please Check One

Frequency:

Weekly ___ Every Friday

Monthly: ___ 1st Friday of the Month ___ 2nd Friday of the month ___ 3rd Friday of the month ___ 4th Friday of the month

\$ _____ Tithe

\$ _____ Missions

\$ _____ Benevolence

\$ _____ Building Campaign

Please begin my (our) electronic transfer on _____, 20_____.

Signature _____ Date _____

Signature _____ Date _____