ACH AUTHORIZATION FORM

Holland United Church of Christ

correc	orize Holland Un cting entries) to r ning on	ny accou	nt at the Dep	pository	Financia	l Instituti	on (DF	
Please choose one of the following options:								
	\$/ M	lonthly	(Optional: \$		for Gene	eral Fund	\$	for Facility Fund)
	\$/ W	eekly	(Optional: \$		for Gene	eral Fund	\$	for Facility Fund)
	\$/ Qı	uarterly	(Optional: \$		for Gene	eral Fund	\$	for Facility Fund)
Customer Information:								
First and Last Name:								
Financial Institution:								
Name on Account:								
Type of Account: 🗖 Checking 🗖 Savings								
Account Number:								
Routing Number:								
	Bobby Bankrate 1111 123 Bankrate Boulevard New York, NY 10001 555-5555 Date:							
	Pay to the order of:\$							
	Generic Bank and Trust							
	:123456789 :10987654321 :1111							
ROUTING ACCOUNT CHECK NUMBER NUMBER NUMBER								

This authorization will remain in full force and effect until Holland UCC has received written notice from me of its termination in such a time and manner to allow them a reasonable opportunity to act on it.