ACH AUTHORIZATION FORM

Holland United Church of Christ

I authorize Holland United Church of Christ to initiate credit and/or debit entries (and any correcting entries) to my account at the Depository Financial Institution (DFI) named below, beginning on ______ in the amount and frequency chosen below:

Please choose one of the following options:

п	\$	_/ Monthly	(Optional: \$	f	or General I	Fund \$	for Facility Fund)
	\$	_/ Weekly	(Optional: \$_	f	or General I	Fund \$	 for Facility Fund)
	\$	_/ Quarterly	(Optional: \$_	f	or General I	Fund \$	 for Facility Fund)
<u>Custor</u>	mer Informa	ation:					
First a	nd Last Nan	ne:					
Email	address:						
Name	on Account	t:					
		Checking					
Accou	nt Number:		_				
		123 Bar New Yo 555-55	Bankrate nkrate Boulevard rk, NY 10001 5-5555 the order of:		Date:	1111 \$ 	
		Ba	neric nk and Trust °				
		: 	123456789 ROUTING NUMBER	I:10987654 ACCOUN NUMBER	т сне		

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.

Authorized Signature:	Date
(Signature must be that of an authorized signer for the account listed at the DFI	l.)

Form may be printed and mailed to: Holland UCC P.O. Box 1712 Holland, MI 49422