

ACH AUTHORIZATION FORM - DONATIONS

Holland United Church of Christ

I, signer for the account listed below, authorize Holland United Church of Christ to initiate debit entries (and any correcting entries) to my account at the financial institution named below, in the amount and frequency chosen below:

Please choose one of the following options:

- \$_____ / Monthly (Optional: \$_____ for General Fund / \$_____ for Facility Fund)
- \$_____ / Weekly (Optional: \$_____ for General Fund / \$_____ for Facility Fund)
- \$_____ / Quarterly (Optional: \$_____ for General Fund / \$_____ for Facility Fund)

Donor Information:

First and Last Name: _____

Business Name (if applicable): _____

Email Address: _____

Financial Institution: _____

Name on Account: _____

Type of Account: Checking Savings

Account Number: _____

Routing 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.

Authorized Signature: _____ Date _____
(signature must be that of an authorized signer for the account listed)

Please mail completed form to: Holland UCC, Attention: Treasurer, P.O. Box 1712, Holland, MI 49422