

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

<input type="checkbox"/> ADD (New Participant)	<input type="checkbox"/> CHANGE (Financial Institution and/or Account #)	<input type="checkbox"/> DELETE (Cancel Participation)
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Variable Amount and Date Account Authorization

I (we) hereby authorize **Fellowship**, the “Company” to initiate debit entries to my (our) account at the financial institution indicated below.

I (we) understand that should the regularly schedule debit amount vary above the set range, we will receive written notification from the Company of the new amount no later than ten (10) calendar days before the scheduled transfer date. If the scheduled transfer date of the debit changes (other than for a weekend or federal holiday when the debit shall occur on the following bank date), I (we) will receive written notice from the Company no later than seven (7) calendar days before the new scheduled transfer date.

Please attach a voided check or financial institution verification letter for account validation

CHECKING

 SAVINGS

Depository Financial Institution		Branch
Address		
City	State	Zip
Amount/Range to Debit		Debit Date
Recurrence (Circle One): One Time Only or Monthly		

TRANSIT ROUTING NUMBERS : _____ :	ACCOUNT NUMBER INFORMATION _____
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This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such a time and manner as to afford the Company and the Depository Institution a reasonable opportunity to act on it. THIS FORM IS TO BE RETAINED BY THE COMPANY AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.

Name(s) - Please Print	
Address	City, State and Zip Code
Signed	Date
Email Address:	

Visit us on the web @ www.TheFellowshipFamily.com

