



DIRECT PAYMENT AUTHORIZATION

Fixed Amount/Date

I (we) hereby authorize Child Evangelism Fellowship of PA, Inc.; MIFFLIN-JUNIATA-PERRY COS. CHAPTER, hereinafter called "COMPANY", to initiate debit entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Depository
Name _____ Branch _____

Address _____ City _____ State _____ Zip _____

Routing & Account
Transit Number _____ Number _____

Account Type: Checking Savings

Amount to Debit: \$ _____ Date to Debit: (Circle one) 1st or 15th

Recurrence: Annually Semi Annually Quarterly Monthly

I (we) understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and manner as to afford COMPANY and DEPOSITORY a reasonable time to act upon it.

Account Holder
Name(s) _____ Phone _____
(Please Print)

Date _____ Signature(s) _____

Please attach a voided check or financial institution account verification letter to this form.

Note: Written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

