

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

The Wesleyan Church, 13300 Olio Road, Fishers, IN 46037

Mailing Address: PO Box 50434, Indianapolis, IN 46250

Education & Clergy Development Division. (317) 774-3911. education@wesleyan.org

I (we) hereby authorize The Wesleyan Church, hereinafter called Church, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called Depository, and to debit the same to such account on the 15th of each month. In the event the 15th falls on a non-banking day, the debit will occur on the next available banking day.

MONTHLY AMOUNT AUTHORIZED: \$ _____

DEPOSITORY (BANK):

NAME _____ BRANCH _____

CITY _____ STATE _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

9-digit number at the bottom left of check

numbers at the middle bottom of check

This authorization is to remain in full force and effect until the earlier of A: The debt is fully paid, or B: The Church and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Church and Depository a reasonable opportunity to act on it.

NAME(S) _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

DATE _____ SIGNED X _____ SIGNED X _____

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Mail this completed and signed EFT Authorization Form with a voided check to:

Education & Clergy Development
PO Box 50434
Indianapolis, IN 46250

Or fax this completed and signed EFT Authorization Form with a voided check to:

Education & Clergy Development
(317) 774-3915