



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name(s): _____

Address _____

City: _____ State: _____ Zip: _____

I (We) hereby authorize **City Presbyterian Church and Vectra Bank Colorado**, to initiate debit entries

to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Withdraw: One time amount: \$ _____

Date to withdraw: _____

Monthly amount: \$ _____

Day of month: _____

Other: _____

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until **City Presbyterian** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **City Presbyterian** and **Vectra Bank Colorado** a reasonable opportunity to act on it.

Name(s): _____ ID Number: _____

(Please Print)

Signature: _____ Date: _____

PLEASE RETURN COMPLETED AND SIGNED FORM TO:

City Presbyterian Church
Attn: Bookkeeper ACH
1818 E. 29th Ave.
Denver, CO 80205

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.