



SUGAR CREEK MENNONITE CHURCH

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CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) authorize Wayland State Bank ("Company") to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Deposit Name _____

Routing Number _____ Account Number _____

Amount of debit(s) or method of determining amount of debit(s): _____

Date(s) and/or frequency of debit(s): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing no less than three (3) business days prior to order to cancel this authorization.

Name(s): _____

Date _____ Signature(s) _____

P O BOX 157
WAYLAND IA 52654-0157
319-256-5000
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MEMBER FDIC
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WSBank@Farmtel.Net

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