



AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

Name: _____ Envelope Number _____

I (we) hereby authorize United Valley Bank (FI) to initiate debit entries to my (our) account as indicated below and the financial institution name below, hereinafter called Financial Institution, to debit the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect this transfer. This authority will remain in effect until I (or either of us) notify Calvary Lutheran Church in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Signature: _____ Date: _____

United Valley Bank
2718 S Columbia Rd
Grand Forks ND 58201

Transfer to:

Calvary Lutheran Church
Frequency of Donation

Monthly: _____ 1st _____ 15th

Semi-Monthly: _____ 1st & 15th

Weekly: _____ Monday

Date of First Donation: _____

Amount per Donation

General(50): _____

Youth(65): _____

Missions(71): _____

Expansion(95): _____

If this date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the following business day.

Transfer From:

Bank Name: _____ Acct Type: _____ Checking _____
Savings

Routing Number: _____ Account Number: _____

Please attach a voided check for this account to this form.