

## AUTHORIZATION AGREEMENT FOR ACH DEBIT

I hereby authorize WESTMINSTER WOODS CAMP & RETREAT CENTER, INC. and its' related companies (hereinafter called COMPANY) to initiate an ACH debit from my checking/savings account as indicated below from the financial institution named below (FINANCIAL INSTITUTION).

### FINANCIAL INSTITUTION INFORMATION

**BANK NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TELEPHONE**

**NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

This authorization is to remain in force and effect until Company has received written notification of its termination, at such time and in such a manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

**NAME:** \_\_\_\_\_

**SIGNATURE:**

X

**DATE:** \_\_\_\_\_

**ACCOUNTING #:** \_\_\_\_\_

**ROUTING NUMBER #:** \_\_\_\_\_

**TYPE OF ACCOUNT:** \_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_

**AMOUNT TO BE DEBITED:** \_\_\_\_\_

PLEASE DEBIT ON: 2<sup>ND</sup> DAY OF EACH MONTH  OR 20<sup>TH</sup> DAY OF EACH MONTH