DIRECT DEPOSIT AUTHORIZATION • CAPITAL DEVELOPMENT

initiate credit entries in financial institution nat ized in the amount list credits) to correct any CHURCH has received	nto the Church account at Ban med below, hereinafter call E ed below. Also, if necessary error to my (our) account lis	nk of O'Fallon. These entries DEPOSITORY. This debit to m I authorize the CHURCH to i ted below. This authority is (or either of us) of its termin	Church, hereinafter called CHURCH, to are authorized from my account at the my account at my Depository is authorinitiate any adjusting entries (debits or to remain in full force and effect until lation in such time and in such manner
Depository Name (bank)			
City, State, Zip (bank)			
Type of Account:	[] Checking [] Savings	Monthly Amount:	
Transit/ABA # (9 numbers	located bottom left of check):	Account No.:	
			lges and mortgage payments. he amount as indicated above.
Name			Home or Cell Number
Address			
City, State Zip			
	Signature		Date Date
Signature (both signatures required if joint account)			Date

YOU MUST ATTACH A VOIDED CHECK HERE

(If checking account is to be used.)

Note: Deposit slips do not show the transit/ABA number and therefore cannot be used.