



NORTHLAND SHEPHERD'S CENTER
5601 NE ANTIOCH RD, STE. 12
GLADSTONE, MO 64119

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWALS (ACH DEBITS)

CUSTOMER NAME _____

I hereby authorize _____ ("COMPANY") to initiate debit entries to transfer funds from my

Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below ("DEPOSITORY").

I agree that ACH transactions authorized herein shall comply with all applicable U.S. law.

Funds will be transferred on/or around the 3rd of each month.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

This authorization shall remain in full force and effect until COMPANY has received notification from me (or either of us) of its termination in such a time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____

Signature _____

Date _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM & EMAIL TO REBECCA@NORTHLANDSC.ORG

THANK YOU!