



FEDERATED CHURCH

224 N. Union Avenue, Fergus Falls, Minnesota 56537

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize the Federated Church to initiate debit entries to my (our) Checking Account as indicated below.

I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of the U. S. Law.

Bank Name _____ Bank Address _____

Bank Routing Number _____ Account Number _____

This authorization remains in full force and effect until Federated Church receives written notification from me (or either of us) of its termination in such a time and manner as to afford Federated Church and Security State Bank a reasonable opportunity to act upon it.

Printed Name: _____ Signature: _____

Joint Owner (if applicable)

Printed Name: _____ Signature: _____

ACH debit to first occur in the month of _____, 2026

Regular debit(s) to be made on (check one) ___ 5th ___ 16th of each month by in the amount of \$_____.

Please attach a voided check (not a deposit slip) to this form and return to the church office.



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