## FIRST CONGREGATIONAL CHURCH OF SCARBOROUGH, MAINE AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the First Congregational Church of Scarborough, Maine ("CHURCH"), to initiate debit entries to my (our) bank account indicated below at the depository financial institution ("BANK") named below, and to initiate adjusting credit entries to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I (we) also acknowledge that if fees are incurred because a direct payment transaction is returned for insufficient funds, I (we) am (are) responsible for any fees incurred by the church as a result of the return. I (we) understand that repeated returns will be reviewed on a case by case basis and may result in discontinuation of the use of the direct payment program by the contributor.

I (we) understand that this is an optional program and that I (we) can choose to end my (our) participation at any time and/or can change the timing, the amount or the bank account information listed below at any time by notifying the CHURCH. Notification can be turned in or mailed to the church office at 161 Black Point Rd, Scarborough ME 04074 in a sealed envelope marked "ATTENTION: DIRECT PAYMENT PROGRAM."

## **Bank Account Information:**

| Bank Name:   |   |
|--|---|
| Bank Address:  |   |
| Account Number:  |   |
| Routing Transit Number:  | uting transit number.)                            |
| Transaction Timing and Amount:   |   |
| I (we) would like to have the entries initiated according to the schedule that follows (select one):   |   |
| □ Weekly, effective each Friday, for an amount of:   |   |
| $\Box$ Monthly, effective the $\Box$ 1 <sup>st</sup> $\Box$ 15 <sup>th</sup> $\Box$ 30 <sup>th</sup> of the month, for an amount of  |   |
| (The amount listed above should be the combined total of general fund and mission giving. The recording secretary will allocate based on the information provided on the annual pledge card.)  |   |
| This authorization is to remain in full force and effect until the CHURCH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the CHURCH and BANK a reasonable opportunity to act on it. |   |
| Authorization:  New set-up Update to existing amount   | Update to existing timing                         |
| Name(s):<br>(Please print.)  | ID:<br>(To be filled in by Program Administrator) |
| Signature(s):  | Date:   |
| Email address:   |   |