

**Authorization Agreement For
Automated Clearing House Transactions
(ACH Debits)**

ACH Authorization	
Individual / Company Name:	Church of the Ascension, 311 Washington Street, Frankfort KY 40601

I (we) hereby authorize: Church of the Ascension hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

Checking Savings account (select one) indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information	
DEPOSITORY NAME:	
City, State, ZIP:	
Transit/ABA No: ("Routing #")	Account #:

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

Name(s): *Please print* _____

Signature(s)

Date

AMOUNT OF DEBIT: \$ _____

Designated for: Pledge Year 20 for Stewardship/Operating Fund OR Other:

I (we) wish for this transaction to take place starting on (date): _____

and to recur once or twice monthly, on the 15th AND/OR on the 30th (day of each month).

CHECK ONE: I am not currently participating in the Automated Payment Program:

ADD – Debit the account shown.

I am currently participating in the Automated Payment Program:

CHANGE – Change financial institutions and/or account number.

TERMINATE my ACH Debit participation as of (date): _____.

ATTACH VOIDED CHECK HERE (or enclose in sealed envelope)
[Voided check not necessary, but recommended]

If you have questions, email info@ascensionfrankfort.org, or call during office hours: 502-223-0557.

You may place this form in a sealed envelope in the Sunday collection plate,
OR mail it to:

ATTN: FINANCIAL OFFICE
Church of the Ascension
311 Washington Street
Frankfort KY 40601