

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

| ACH Authorization             |  |
|-------------------------------|--|
| Individual /<br>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<br>NAME:              |            |
| City, State, ZIP:                |            |
| Transit/ABA No:<br>("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](mailto: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