

Authorization Agreement for Direct Payments (ACH Debits)

Name: _____

I (we) hereby authorize **Lord of the Mountains Lutheran Church**, hereinafter called LOTM, to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

I (we) hereby authorize LOTM to charge, once a month \$ _____, to the account listed below on behalf of Jeremie Relief. We understand that the transaction will be processed around the 15th of each month.

DEPOSITORY (Bank)

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

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

Account Signors:

Name: _____ Signed: X _____
(Please print)

Name: _____ Signed: X _____
(Please print)

Jeremie Relief
c/o Lord of the Mountains Lutheran Church
PO Box 1059, Dillon, CO 80435-1059
(970) 468-6809