AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Agreement Name:	
Agreement Number:	
	Nazarene Foundation, hereinafter called COMPANY, to initiate credit entries and adjustments for any credit entries in error to my (our):
Checking or Savings (select one) acco	unt indicated below and the depository name below, hereinafter called
DEPOSITORY to credit and/or debit the san	ne to such account.
Depository Bank Name:	
Branch:	
City:	State: Zip:
Transit ABA Number:	Account Number:
This authority is to remain in full force a	nd effect until Company has received written notification from me (o
•	time and in such manner as to afford COMPANY and DEPOSITORY a
reasonable opportunity to act on it.	
Name(s):	ID Number:
Signed:	Date:
Signed:	Date:

NOTE: Please **attach a voided check** from the account to be credited so that we may verify your bank's Federal Reserve Transit ABA number for automatic deposit processing.