



Connected Families

566 Bavaria Lane
Chaska, MN 55318
(952) 448-3625

Dear Friends,

We're grateful for your request to make direct deposits. This simplifies our administrative efforts and frees us to spend more time in hands on ministry. Please fill out the form below and **return it with a voided check** and the Direct Payments will begin within 4-6 weeks.

Thanks for your support!

Jim Jackson
Connected Families

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Connected Families Company ID Number 010711547

I (we) hereby authorize Connected Families, hereinafter called COMPANY, to initiate debit entries to my/our **Checking Account** / **Savings Account** (select one) indicated below at the depository financial institution named below hereafter 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 provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Amount of Monthly Debit \$ _____ Date of Monthly Debit (check one) 1st _____ or 15th _____

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

Name(s) _____ ID Number NA
(Please Print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.