



**Connected Families**

PO Box 390194  
Edina, MN 55439  
(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) 1<sup>st</sup> \_\_\_\_\_ or 15<sup>th</sup> \_\_\_\_\_

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.**