



Thank you for your desire to support Connected Families. We appreciate your investment in our ministry through 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. Thank you for your support!

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**Company Name:** Connected Families

**Company ID:** 010711547

I authorize Connected Families to deduct from my account as indicated (this includes my authorization for Connected Families to reverse any charges made in error). This authority will remain in effect until I give written or verbal notice (via one of the contact methods below) to change or cancel. I understand all changes to this agreement may take three to six weeks to be processed.

**New ACH request:**  **OR** **Updated** bank information for existing ACH:

Full name on account: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

**Account type (select one):**  Checking  Savings **Date of Withdrawal:**  1st OR  15th

Monthly Amount: \$ \_\_\_\_\_

Printed Name(s) \_\_\_\_\_

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.