



COMMUNITY YOUTH MINISTRIES
P.O. BOX 816/903 "F" ST. REEDLEY, CA 93654 (559) 638-6585

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Thank you for your interest in becoming a CYM donor. Please complete this form entirely and legibly.

I (we) hereby authorize **Community Youth Ministries**, hereinafter called COMPANY, to initiate debit entries to my (our) bank account 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 provisions of U.S. law.

Donation Information

Donor's Name(s) _____

Amount \$ _____ Frequency (select one): One time donation
 Monthly donation

Account & Depository Information

Type (select one): Checking Account
 Savings Account

Routing # _____ Account # _____

Depository Name _____ Branch _____

City _____ State _____ Zip _____

This authorization is to remain in full force and 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.

Signature _____ Date _____

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