



# ACH Form

## CENTRAL DETROIT CHRISTIAN CDC AUTHORIZATION AGREEMENT FOR DIRECT DONATION PAYMENTS (ACH DEBITS)

NAME(s) \_\_\_\_\_  
(PLEASE PRINT)

E-MAIL \_\_\_\_\_

I (we) hereby authorize **Central Detroit Christian CDC** to initiate debit entries to my (our) ( ) **Checking Account**/ ( ) **Savings Account** (select one) indicated below at the bank or financial institution named below, hereinafter called **BANK**, 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.

NAME OF YOUR BANK OR FINANCIAL INSTITUTION

\_\_\_\_\_

YOUR BANK/ FINANCIAL INSTITUTION  
ROUTING NUMBER

YOUR ACCOUNT NUMBER

\_\_\_\_\_

\_\_\_\_\_

Preferred Transaction Date

\_\_\_\_\_ of each month

Dollar amount \$ \_\_\_\_\_

One time donation

Dollar amount \$ \_\_\_\_\_

This authorization is to remain in full force and effect until **Central Detroit Christian CDC** has received written notification from me (or either of us) of its termination in such time and in such manner as to allow **Central Detroit Christian CDC and my bank or financial institution a reasonable opportunity to act on it. I understand that Central Detroit Christian CDC must have 30 days notice for any changes to my automatic deductions.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT YOU MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING CENTRAL DETROIT CHRISTIAN CDC IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

\_\_\_\_\_  
Please attach a sample VOIDED CHECK here.