AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM BEFORE SUBMITTING AND RETAIN A COPY OF THE FORM FOR YOUR RECORDS

I (we) hereby authorize Meredith Drive Reformed Church, hereinafter called MDRC, to debit entries to my (our) account indicated below and the Financial Institution named below, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____
(Your Financial Institution Name) (Branch)

_____
(Bank Address) (City-State) (Zip)

_____ _____
(Routing/Transit Number) (Account Number)

Type of Account: ___Checking ___ Savings
(if selecting a savings account, please contact your bank for the correct routing number)

Amount: 15th of Month: _____

30th of Month: _____

Total Per Month: _____

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

_____ _____
(Print individual name) (Print individual name)

_____
(Print Envelope Number)

_____ _____
(Signature) (Signature)

_____ _____
(Date) (Date)

SUBMIT FORM TO:
Jane Fletcher, Office Manager
Meredith Drive Reformed Church
5128 Meredith Drive
Des Moines, IA 50310