



Automatic Bank Withdrawal Authorization

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBIT)

To sign up for automatic bank withdrawals, please fill out this form and return it with a voided check to Kathie Becker in the CBE office.

If you have any questions, please contact Kathie at financialsecretary@bethelohim.org or 978-263-3061.

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) hereby authorize Congregation Beth Elohim to electronically debit my (our) account as follows (and, if necessary, to electronically credit my [our] account to correct erroneous debits). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Account at the depository financial institution ("DEPOSITORY") named below.

Depository Name: _____

Routing Number: _____

Account Number: _____

Account Type (select one): ☐ Checking Account ☐ Savings Account

Name on the Account: _____

Amount of debit(s) (or specify range of acceptable dollar amounts authorized: \$ _____)

Frequency of debit(s): _____

For Checking Account: PLEASE ATTACH A VOIDED CHECK

I (we) understand that this authorization will remain in full force and effect until I (we) notify CBE in writing (by email, to CBE's treasurer, cbe_treasurer@bethelohim.org) that I (we) wish to revoke this authorization.

I (we) understand that CBE requires at least 2 weeks prior notice in order to cancel this authorization.

Name: _____
(Please Print)

Signature: _____

Date: _____