



JOURNEY church

ACH Authorization Form

This form **MUST** be accompanied by a **Printed Voided Check**

I (we) hereby authorize JOURNEY CHURCH to initiate debit entries from my account listed below for the purpose of collecting regular payments/contributions. I (we) understand that this debit will occur on or about the ____ day of each month. I (we) acknowledge that the origination of the ACH transactions from my (our) account must comply with Federal, State, and Local laws.

Funds Settlement Information

Bank Name: _____

Account Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Routing # (9 digits) _____

Account # _____

This authorization is to remain in full force and effect until JOURNEY CHURCH has received my written notification of its termination.

Signature (Account Owner)

Signature (Account Owner)

Date: _____

Date: _____

**** PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND RETURN IT TO
JOURNEY CHURCH, 15711 BROOKWAY DR, HUNTERSVILLE, NC 28078**