

**AUTHORIZATION AGREEMENT  
ACH PREAUTHORIZED PAYMENTS (DEBITS)**

I hereby authorize the Missouri Church of God State Office to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections to my checking account \_\_\_\_\_ or savings account \_\_\_\_\_ (please check one) indicated with the attached voided check.

**PLEASE ATTACH VOIDED CHECK HERE:**

I understand that this authorization will be in effect until I notify the State Office in writing that I no longer desire this service, allowing us reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying the State Office before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give the State Office a written notice identifying the entry, stating that it is an error. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

---

Church Name

Church File #

---

Federal Tax ID Number (EIN Number)

---

Pastor Signature

Print Pastor name

---

Treasurer Signature

Print Treasurer name