DAYMARK
PASTORAL COUNSELING

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

Name(s):	Taxpayer ID or Social Security #

CHECK ONE:

❑ ADD (New Preauthorized Debit Participant)	❑ CHANGE (Financial Institution and/or Account #)	❑ DELETE (Cancel Participation in the Program)

NOTE: Due to the time required for company and bank processing, please allow one or two weeks for processing.

I (we) hereby authorize **Daymark Pastoral Counseling**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION		BRANCH
CITY	STATE	ZIP CODE

TRANSIT ROUTING NUMBERS

⑆										⑆

ACCOUNT NUMBER INFORMATION

☐ CHECKING ☐ SAVINGS

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Please attach a voided check or deposit slip for account validation.

NAME(S) - Please Print		TAX ID NUMBER
ADDRESS	CITY/STATE	ZIP CODE
SIGNED		DATE

I authorize Daymark Pastoral Counseling to debit the following from the above listed account as a ministry contribution in support of:

(check one)

☐ Gordon Bals **☐ Bill White** **☐ Julie Sparkman**

In the amount of $_____ to be debited on the

☐ 1st day of each month **☐ 15th day of each month**

(If the 1st or 15th fall on a weekend or holiday, debits will be made on the on the first business day following the weekend or holiday)