



St Marina Coptic Orthodox Church



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

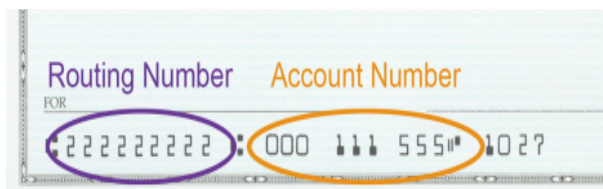
Complete and sign this form to authorize **St. Marina Coptic Orthodox Church** to make debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for recurring transactions.

Please complete the information below:

I Full Name authorize **St. Marina Coptic Orthodox Church** to charge my bank account indicated below for \$ on or after day of each month.

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



A Void Check must be provided with this document.

SIGNATURE _____ DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that **St. Marina Coptic Orthodox Church** may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$ 35.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute **St. Marina Coptic Orthodox Church** 's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.