

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

Company Name: University Baptist Church		
I hereby authorize University E account indicated below to be	Baptist Church to initiate of deposited into the UBC F	debit entries to my _checking or _savings rost Bank account.
Bank Name:	No. 17 Personal Control of Contro	
		ZIP:
	Account Number:	
Amount to debit account:		
		Other:
This authority is to remain in full force and effect until University Baptist Church has received written notification from me of its termination in such time and such manner as to afford UBC a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to my bank. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by Frost Bank, provided I send written notice of such debit entry in error to Frost Bank within 15 days following issuance of the account statement or 45 days after posting whichever occurs first.		
Name:	Name:_	
Signature:	Date:	
Signature:		
	check from your account	so that we may verify your bank's Federal