

**AUTHORIZATION AGREEMENT FOR AUTOMATIC CONTRIBUTIONS (ACH DEBITS) TO  
THE GENERAL FUND**

I hereby authorize Third Reformed Church to initiate debit entries to my account indicated below and the Financial Institution named below, to debit same to such account. This authority is to remain in full force and effect until Third Reformed Church has received written notification from me of its termination in such time and manner to allow a reasonable opportunity to act upon the request.

Your Financial Institution Name	Branch	
Bank Address	City and State	Zip
Routing/Transit Number	Account Number	

Type of Account:   \_\_\_ Checking (*attach voided check*)

Contribution options and amounts:

Weekly: Every Friday   Amount: \_\_\_\_\_  
Monthly : on the 15<sup>th</sup>    Amount: \_\_\_\_\_

Print Name	Envelope Number
Signature	Date

**PLEASE ATTACH A VOIDED CHECK AND SUBMIT THIS FORM TO:**

**Lisa Jansen  
Third Reformed Church  
708 East 13<sup>th</sup> Street  
Pella, IA 50219**