

# CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Print and complete the form. Fill out the amount you want to have deducted each month.

I authorize ACCTS to electronically debit my (our) account and if necessary, electronically credit my (our) account to correct erroneous debits for (select one)

Ministry	Amount	Ministry	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Monthly Total \$ \_\_\_\_\_

*I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. Please remember to attach a **voided check** and send it with this form to: **ACCTS, PO Box 27239, Denver, CO 80227-0239**. The donations will start in about 4 to 6 weeks after we receive your response. Thank you in advance for your support of the worldwide ministry of ACCTS.*

This permission to charge my bank account is the same as if I had personally signed a check to ACCTS. This agreement will remain in effect until:

1. I write a note to ACCTS telling them to end this agreement and they have a reasonable amount of time to act on it. Or,
2. ACCTS or my bank sends me 10 days' written notice that this agreement will end.

In the event of an error, I have the right to tell my bank to reverse any transfer. However, I must tell them in writing within 15 days of the date on the bank of statement or within 45 days after the transfer was made. I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift(s). In the event of an amount or double posting error, I will handle this problem directly with ACCTS. I understand that this authorization will remain in full force and effect until I (we) notify ACCTS in writing by email. That if I (we) wish to revoke this authorization, I (we) understand that ACCTS requires at least 4 weeks prior notice in order to cancel this authorization.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_