



Wayside Presbyterian Church

Rev. Dr. James F. Bernhardt
Senior Pastor

Rev. Keith Sundberg
Associate Pastor

BANK DEBIT AUTHORIZATION FORM

I _____ (full name) authorize Wayside Presbyterian Church to charge my bank account as indicated below.

Please debit my account

- weekly
- bi-monthly (24 x a year – 15th & last day of the month)
- bi-weekly (26 x a year – every other week on Friday)
- monthly on the 1st 15th other _____ of each month
- quarterly semi-annual annually

Start Date ____/____/____

Amount per pull \$ _____

Account type: checking savings

Name on Account _____

Bank Name _____

Account Number _____

Routing # _____

Bank City/State _____

Signature _____ Date _____

(One person can sign a joint account, must be an authorized signer of the account)

Questions – call Karen Rae at (814) 833-7653 or email at steward@wayside-erie.org

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Wayside Presbyterian Church in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Wayside Presbyterian Church may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form. Rev. 1/13/17