

**Presbyterian Clearwater Forest**  
**16595 Crooked Lake Road**  
**Deerwood, MN 56444**  
**Phone: 218-678-2325**

**E-Mail:office@clearwaterforest.org**

### **Authorization Agreement for Direct Payments (ACH Debits)**

*I(we) authorize Presbyterian Clearwater Forest to initiate debit entries to my/our account at the depository identified below for the purpose of accomplishing a monthly payment of \$\_\_\_\_\_. These debits may be made on the 10<sup>th</sup> of each month beginning \_\_\_\_\_ and ending \_\_\_\_\_.*

**Depository Name:** \_\_\_\_\_

**Branch:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Routing No:** \_\_\_\_\_ *(Attach voided check/deposit slip)*

**Account No:** \_\_\_\_\_ **Checking:** \_\_\_ **or Saving:** \_\_\_\_\_

*My/Our account will remain subject to its individual terms and conditions which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of the U.S. law.*

*I/We understand that this authorization will remain in full force and effect until the ending date stated above or until Presbyterian Clearwater Forest has received written notification from me (either of us) of its termination in such time and in such manner as to afford Presbyterian Clearwater Forest and the Depository a reasonable opportunity to act on it.*

**Name(s) (Please print):** \_\_\_\_\_

**ID# (Driver's License):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To make reoccurring monthly donations please complete and return the form along with a voided check/deposit slip to:**

**Presbyterian Clearwater Forest 16595 Crooked Lake Road, Deerwood, MN 56444**

**You will receive a yearly statement of your donations for tax purposes.**