

DIRECT PAYMENT AUTHORIZATION

Fixed Amount/Date

| I (we) hereby | authorize Wis | e County Christian | Counseling (Wise | CCC) , here | einafter called "C | OMPANY", to |
|--------------------------------------|---|--|--|------------------|----------------------|---------------------|
| initiate debit e | entries to my (or | ur) account at the f | financial institutio | n listed below | , hereinafter call | led DEPOSITORY |
| of U.S. Javvas | ledge that the or | rigination of ACH to | ransactions to my | (our) account | must comply wi | th the provision |
| oi o.s. iaws ar | nd regulations. | | | | | |
| Depository | | | | | | |
| Name | | | Bran | ch | | |
| | | | | | | |
| Address — | | | City — | | | |
| | | | city | | State | -Zip |
| Routing & | | | Acco | unt | | |
| Transit Number | | | ——— Num | ber | | |
| | Account | Type: Checking | ng/Droft | - 6 | | |
| | Account | Type. 🗆 Checkii | ig/Drait | □ Savings/Sha | ire | |
| | | | | | | |
| Amount to Debi | it: \$ | | Date | to Debit | | |
| | Recurrence: | = Ougartania | | | | |
| | necurrence. | □ Quarterly | □ Monthly | □ Weekly | □ One Time | |
| I (we) understar the following ba | nd that should the anking date. | regularly scheduled | debit date fall on a v | weekend or Fed | leral holiday, the d | lebit shall occur o |
| This authorization us) of its termin | on is to remain in f ation in such a tim | ull force and effect u e and manner as to a | until COMPANY has i afford COMPANY an | received writter | n notification from | me (or either of |
| Account Holder | | | | | a reasonable time | to det apon it. |
| Name(s) | ID | | | D Number | | |
| | (Plea | se Print) | | | | |
| | | | | | | |

Please attach a voided check or financial institution account verification letter to this form.

Note: Written debit authorization <u>must</u> provide that the receiver may revoke the authorization only by notifying the orginator in the manner specified in the authorization.