

ACH Authorization Agreement



I (we) hereby authorize Crossroads Kids Club, hereinafter called CROSSROADS, to initiate debit entries, and if necessary, credit entries and adjustments for any debit entries made in error to my/our account indicated below. This authorization applies solely to the depository bank named below and to donations-related debits and credits to this account.

- ☐ Please debit \$ _____ on the 1st and 15th of each month.
- ☐ Please debit \$ _____ one time.
- ☐ Please debit \$ _____ on the 1st of the month, every _____ month(s).
- ☐ Please keep this authorization on file, and I/we will give instructions about debits from time to time.

(Please print.)

Bank Name _____

City _____ State _____ Zip _____

Routing No. _____

Account No. _____ Account Type ☐ Checking ☐ Savings

This authority is to remain in full force and effect until the CROSSROADS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CROSSROADS and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Date _____
(Signer(s) on the account, please print.)

Signature _____ Signature _____

EIN: 36-4248716

Note: CROSSROADS shall retain these authorizations (or a reasonable facsimile of the original) for a period no less than two years after the revocation or cessation of the authorization.