

SCHEDULE H

ACH AUTHORIZATION FORM

CUSTOMER INFORMATION:

NAME: _____
(Please print or type)

SSN: _____

I hereby authorize **First Presbyterian Church, Columbia, SC**, to initiate debits/drafts from my:

checking account savings account

in the amount of \$_____ on or about the 15th of each month.

I understand that, if necessary an adjusting debit or credit entry may be made to correct an error.

I also authorize the financial institution named below to credit and/or debit account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

ACCOUNT INFORMATION:

NAME OF BANK: _____

CITY / STATE: _____

BANK ROUTING NUMBER: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

This authority will remain in full force and effect until such time as First Presbyterian Church has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of change in draft amount or termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

Signature of Account Owner

Date

Please attach a voided check.