



CENTRAL DETROIT CHRISTIAN  
COMMUNITY DEVELOPMENT

## ACH Form

### CENTRAL DETROIT CHRISTIAN CDC AUTHORIZATION AGREEMENT FOR DIRECT DONATION PAYMENTS (ACH DEBITS)

NAME (s) \_\_\_\_\_  
(PLEASE PRINT)

E-MAIL \_\_\_\_\_

I (we) hereby authorize **Central Detroit Christian CDC** to initiate debit entries to my (our) ( ) **Checking Account**/ ( ) **Savings Account** (select one) indicated below at the bank or financial institution named below, hereinafter called **BANK**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

#### NAME OF YOUR BANK OR FINANCIAL INSTITUTION

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**YOUR BANK/FINANCIAL INSTITUTION**  
**ROUTING NUMBER**

**YOUR ACCOUNT NUMBER**

#### Preferred Transaction Date

\_\_\_\_\_ of each month

Dollar amount \$ \_\_\_\_\_

#### One-time donation

Dollar amount \$ \_\_\_\_\_

This authorization is to remain in full force and effect until Central Detroit Christian CDC has received written notification from me (or either of us) of its termination in such time and in such manner as to allow **Central Detroit Christian CD and my bank or financial institution a reasonable opportunity to act on it. I understand that Central Detroit Christian CDC must have 30 days' notice for any changes to my automatic deductions.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT YOU MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING CENTRAL DETROIT CHRISTIAN CDC IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

Please attach a sample **VOIDED CHECK** here