



GREATER NEW YORK CONFERENCE

of Seventh-day Adventists®

DIRECT WITHDRAWAL (ACH) AUTHORIZATION

We hereby authorize Greater New York Conference to initiate debit entries from our Checking/Savings account indicated below at the depository financial institution named. We acknowledge that the origination of ACH transactions from our account must comply with the provisions of United States law.

Bank Name: _____ **Checking** **Savings**

Bank ACH Routing Number: _____ **Bank Account #:** _____

Church Account Name: _____

Church Address: _____

This authorization is to remain in full effect until Greater New York Conference has received written notification from us of its termination in such manner as to afford a reasonable opportunity to act on same.

Authorized Signatory Name: _____

Authorized Signature: _____ **Date:** _____

Pastor's Name: _____

Pastor Signature: _____ **Date:** _____