

Credit/Debit Authorization Form

I (we) hereby authorize, Church of God State Office (The Company) to initiate entries to my Checking/Savings Account(s) at the financial institution listed below (The Financial Institution), and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and The Financial Institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution)

(Signature)

(Date)

(Name-Please Print)

(Address-Please Print)

Checking/Saving Account Number: _____

Financial Institution Routing Number: _____

Complete and mail this form to the Church of God State Office at 3500 Versailles Rd, Lexington KY 40510: Attention Lori Amyx (State Secretary Treasurer) or scan and email to lori.amyx@kycog.net. If you have questions, call Lori at (859) 252-1793 xt 7.