

AUTHORIZATION AGREEMENT FOR ACH DEBIT

I hereby authorize WESTMINSTER WOODS CAMP & RETREAT CENTER, INC. and its' related companies (hereinafter called COMPANY) to initiate an ACH debit from my checking/savings account as indicated below from the financial institution named below (FINANCIAL INSTITUTION).

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____

CONTACT PERSON: _____

**TELEPHONE
NUMBER:** _____

FAX NUMBER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

This authorization is to remain in force and effect until Company has received written notification of its termination, at such time and in such a manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

NAME: _____

SIGNATURE: _____

X

DATE: _____

ACCOUNTING #: _____

ROUTING NUMBER #: _____

TYPE OF ACCOUNT: _____

ACCOUNT NAME: _____

AMOUNT TO BE DEBITED: _____

**HOW OFTEN AND WHAT
DAY OF THE MONTH.** _____