

# Automated Clearing House (ACH) Originator Agreement.

## Authorization agreement for direct payments (ACH Debits)

I (we) hereby authorize Youth With A Mission to debit entries to my (our) account indicated below and the bank named below, herein after called Flathead Bank. 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.

Transfer From:

\_\_\_\_\_ [your bank's name]  
\_\_\_\_\_ [your bank's address]  
\_\_\_\_\_

Transfer To:

FLATHEAD BANK  
800 Grand Ave  
Bigfork, MT 59911

\_\_\_\_\_ Type of Acct:  Checking  Savings  
(your bank routing/transit number) (your bank account number)

Starting Month: \_\_\_\_\_ (always withdrawn on the 15<sup>th</sup>) Amount to Withdraw: \$ \_\_\_\_\_

One time  Monthly  Annual

Support for: \_\_\_\_\_

This authority is to remain in full force and effect until YWAM Montana has received written notification from me (or either of us) of its termination in such time and manner as to afford Ywam Montana and Flathead Bank a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print individual name)

\_\_\_\_\_  
(Email address if you would like to receive an email receipt – end of year receipt will still be sent via mail)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please attach a copy of a voided check or deposit slip to this form.