



# DENTON BIBLE CHURCH

## AUTHORIZATION AGREEMENT FOR AUTOMATIC CLEARING HOUSE/ELECTRONIC FUNDS TRANSFER OF REIMBURSEMENTS/PAYMENTS

Name (Please Print)		E-Mail	
Street Address		City	State [Redacted]
ZIP Code [Redacted]			
Cell Phone [Redacted]	Home Phone	Work Phone	FAX Phone [Redacted]

Authorization: **\*\*Attach a voided check from bank\*\***

Name of Financial Institution/State of Origin	ABA Number	
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Number	

I hereby appoint Denton Bible Church or its designees as my agent and give the power of attorney for the purpose of directly depositing my reimbursements, contract labor payments, and/or payment for rent by Automatic Clearing House Electronic Funds Transfer to the above listed financial institution. Further, I appoint Denton Bible Church or its designees as my agent and give the power of attorney to initiate credit entries in the account designated above and to credit the same to such account. This authorization and request to deposit such payments is not an assignment of my right to receive payment from Denton Bible Church.

I understand that by having this form submitted by the last working day of the pay period, it will be effective with the second Accounts Payable cycle following submission.

I understand that once I am set up to receive reimbursements and/or payments by Automatic Clearing House/Electronic Funds Transfer, I will not be able to receive such reimbursements and/or payments by regular check without cancelling this request.

I understand that Denton Bible Church or its designees reserves the right to stop making deposits of reimbursements and/or payments by Automatic Clearing House/Electronic Funds Transfer without advance notice. I also agree that to cancel my authorization to electronically deposit reimbursements and/or payments, a properly filled out request form must be in the Accounts Payable Office no later than the last working day of the month to be effective with reimbursements and/or payments due me the following Account Payable cycle. I further understand that after 12 months of no activity, my ACH/EFT will be removed from the system.

I hereby authorize Denton Bible Church or its designees to initiate debit entries and adjustments for any credit entries in error to my account and to debit the same to such account or to deduct from my subsequent reimbursements and/or payment all amounts deposited to the account in error. In the event my designated account is closed or contains an insufficient balance to allow debit entries and adjustments to the account for amounts deposited in error, then I agree that Denton Bible Church or its designees may withhold any payments owing to me by Denton Bible Church until such payment deposited in error is repaid.

I hereby hold Denton Bible Church, its Board of Elders and employees, harmless for any errors that might occur in the process of Automatic Clearing House/Electronic Funds Transfer. At no time will the Church be liable for any costs or damages which might occur as a result of this Agreement and I understand that the Church's sole limit of liability is for the amount of my reimbursements and/or payments as determined by Denton Bible Church Administration and the Accounts Payable office.

Signature	Date
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Cancellation: (because of termination of employment or other reasons)

Name of Financial Institution/State of Origin	Checking <input type="checkbox"/> Savings <input type="checkbox"/>	G G	Account Number	
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I hereby cancel the authorization for Automatic Clearing House/Electronic Funds Transfer of reimbursements and/or payments.  
**\*\*Cancellation of EFT must be done before closing of bank account.\*\***

Signature	Date
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### ACCOUNTS PAYABLE USE ONLY

AP Signature _____	Date _____	Bank Account # _____
		Bank Transit # _____