

If you would like to make your contributions by Direct Payment you may complete these authorization and distribution forms, attach a voided check, and return these to *Sheri Ridenour*, NorthHaven Church, PO Box 722772 Norman, OK 73070.

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize NorthHaven Church, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____		_____
(Financial Institution Name)		(Branch)

_____	_____	_____
(Address)	(City, State)	(Zip Code)

_____	_____	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
(Routing/Transit Number)	(Account Number)	

I understand that the amount of \$_____ will be debited from the account referenced above on the 15th _____ or 30th _____ day of each month. I further understand that if I wish to revoke this authorization, I must notify COMPANY in writing at least 5 business days prior to the scheduled date.

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

_____	_____
(Signature)	(Signature)
_____	_____
(Print individual name)	(Print individual name)
_____	_____
(Social security number)	(Social Security number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

DISBURSEMENT OF CONTRIBUTION

I am making my contributions to **NorthHaven Church** through direct payments from my personal account and have completed the attached information.

Please accept my contribution of \$ _____ / month and distribute it as follows:

General Fund	\$ _____
Building Fund	\$ _____
Other Missions	\$ _____
CBFO	\$ _____
Global Missions	\$ _____
Other Designation _____	\$ _____

Signature

Date

(Signature)

(Signature)

(Print individual name)

(Print individual name)

(Social Security number)

(Social Security number)

(Date)

PLEASE ATTACH COPY OF THIS CHECK TO THIS FORM