

**AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS (ACH DEBITS)**

**Member Name:** \_\_\_\_\_

I/we hereby authorize The Open Door, hereinafter called CHURCH, in initiate debit entries to my/our \_\_\_\_ **Checking Account** \_\_\_\_ **Savings Account** (select one) indicated below at depository financial institution named below, hereafter called BANK, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/out account must comply with the provisions of U.S. Law.

**Bank Name:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Amount to be debited from my account on the 1st Monday of each month:** \_\_\_\_\_

**Amount to be debited from my account on the 3rd Monday of each month:** \_\_\_\_\_

Amounts can be specified for one or both of the options listed above. \$10 is the minimum amount we are able to debit at a time. Debits in the above amounts will take place on the specified day each month. Members can change the amount to be debited with at any time by sending the financial team a request in writing, but the request must be received at least 2 business days prior to the scheduled debit.

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

**Name(s):** \_\_\_\_\_  
(Please Print)

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Signed \_\_\_\_\_



Financial Pledge  
The Open Door  
801 North Negley Avenue  
Pittsburgh, PA 15206  
www.pghopendoor.org

I/we commit \_\_\_\_\_ % annual income to God's work. (see back of card for help)  
I/we commit \$ \_\_\_\_\_ annually to The Open Door  
I/we are not currently giving 10% to the work of the gospel, and so will commit to a 3-year giving plan.

\_\_\_\_\_ % year 1  
\_\_\_\_\_ % year 2  
\_\_\_\_\_ % year 3

I/we want to give via Electronic Funds Transfer (EFT) (see form included)