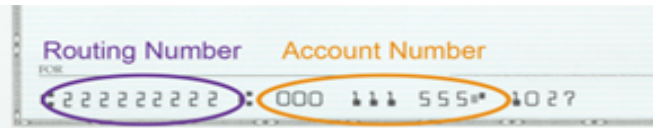


AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS (ACH DEBITS)

I (we) _____ hereby authorize Family Promise of the Northland ("FPN") to initiate debit entries to my (our) account in the entity named below ("institution"), and I (we) authorize the institution to accept and to debit the amount of such entries to my (our) account. Each debit shall be made each month in an amount equal to the withdrawal amount indicated:

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name(s) on Account _____	
Bank Name _____	
Account Number _____	
Bank Routing Number _____	
Bank City/State _____	
Amount of Withdrawal: _____	
Preferred day/date of Withdrawal: _____	
Beginning Date: _____	
	

Address: _____

Phone: _____ ☐ cell ☐ home

Email: _____

In the event that FPN deposits funds erroneously into my (our) account, I (we) authorize FPN to debit my (our) account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in effect until this account is closed, or until FPN has received written notification from an authorized signer of its termination in such a time as to provide a reasonable opportunity for FPN to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Authorized Signature(s) on Account

Date

Authorized Signature(s) on Account

Date