

Office:
400 Beach Farm Circle
Highland, Michigan 48356
248-889-0347



Mailing Address:
P.O Box 405
Highland, Michigan 48357
www.community-sharing.org

Authorized Payment Agreement

I hereby authorize Community Sharing to initiate debit entries from my Deposit Account indicated below, located at the institution listed below, hereinafter called FINANCIAL INSTITUTION.

FINANCIAL INSTITUTION (Deposit Account Information):

Financial Institution Name: _____

Account Holder Name(s): _____

Routing Number: _____

Account Number: _____ Type: Checking Savings

Transfer Amount: \$ _____ Monthly

Start Date: _____

The debit will occur on the 25th day of each month.

****Please attach a voided check or savings account deposit slip for the debit account listed****

This authority is to remain in full force and effect until Community Sharing has received written notice of its termination from the person(s) signing this agreement in such time and in such manor as to afford Community Sharing a reasonable opportunity to act on it. Community Sharing may cancel the automatic payment upon its discretion should payment be rejected due to non-sufficient funds more than twice in any twelve-month period by providing the person(s) signing this agreement written notice of the cancellation and the effective date.

Person(s) signing this form certify that they are an authorized signer to withdraw funds from the above mentioned deposit account.

Account Holder(s): _____

Account Holder(s): _____