CROSSWAYS DIRECT DEPOSIT AUTHORIZATION AGREEMENT

REQUIRED FOR ALL STAFF

Print Name _____

I (we) hereby authorize Crossways Camping Ministries, hereinafter called 'Crossways', to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my (our) indicated below at the depository financial institution named below, hereinafter called 'Institution', and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Information #1

❑ New ❑ Change ❑ Stop Account Type: ❑ Checking ❑ Savings

Institution Name _____ _____% of net check or $_____

Bank Routing Number: _____(Requires nine digits)

Account Number _____ Institution Phone #_____

Bank Information #2 (optional)

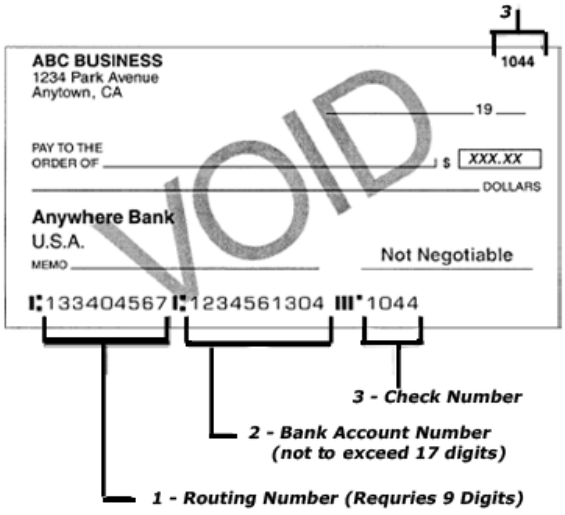
❑ New ❑ Change ❑ Stop Account Type: ❑ Checking ❑ Savings

Institution Name _____ _____% of net check or $_____

Bank Routing Number: _____(Requires nine digits)

Account Number _____ Institution Phone #_____

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

_____	_____	_____
Print Name	*Signature*	*Date*

PLEASE STAPLE VOIDED CHECK HERE