

**CAVALIER EVANGELICAL FREE CHURCH
1006 Main St W
Cavalier ND 58220**

Direct Deposit of Offering/Contribution Authorization Form

I (we) hereby authorize Cavalier Evangelical Free Church to initiate debit entries to my (our) bank account indicated below at the Financial Institution named below, and to debit the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect this transfer. This authority is to remain in effect until I (or either of us) notify Cavalier Evangelical Free Church Church of its termination in such time and in such manner as to afford a reasonable opportunity to act. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

United Valley Bank
211 Division Ave S
Cavalier ND 58220

Transfer to: Cavalier Evangelical Free Church

Frequency of Transfer

Amount of Transfer: \$ _____

Weekly: _____ Monday

Monthly: _____ 1st or _____ 15th

If this date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the following business day.

Transfer From:

Bank Name: _____

Routing Number: _____

Account Number: _____

Acct Type: _____ Checking _____ Savings

Customer Name: _____

Signature: _____

Date: _____

Please return this form to the parish office for further processing.