



Form for Automated Payment (ACH Debit)

I (we) hereby authorize Unity Of Kalamazoo hereinafter called the CHURCH, to initiate debit entries to my (our) checking/savings account indicated below at the depository financial institution named below, hereinafter called DE-POSITORY, and to debit 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.

FINANCIAL INSTITUTION _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

CHECKING _____ SAVINGS _____

FREQUENCY: **Weekly** _____ **Bi-Weekly** on or 15th & 30th _____ **Monthly** _____ on or about the 15th or 30th

DO YOU CHOOSE TO RECEIVE BI-WEEKLY CDs?

Yes No

FOR TRANSFORMATION & WISDOM GIVERS:

WHICH PUBLICATION DO YOU CHOOSE?

Daily Word Science of Mind
Unity Magazine None

***WRITE VOID ON CHECK AND ATTACH CHECK TO THIS FORM**

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

NAME(S) _____

(Please Print)

SIGNATURE _____

DATE _____



Unity of Kalamazoo
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