

# Automated Clearing House (ACH) Originator Agreement.

Authorization agreement for direct payments (ACH Debits)

I (we) hereby authorize **Youth With A Mission Montana** to debit entries to my (our) account indicated below and the bank named below, herein after called Glacier Bank. 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.

Transfer From:

\_\_\_\_\_ [your bank's name]  
\_\_\_\_\_ [your bank's address]  
\_\_\_\_\_

Transfer To:

GLACIER BANK  
PO Box 27  
Kalispell MT 59903

\_\_\_\_\_ Type of Acct:  Checking  Savings  
(your bank routing/transit number) (your bank account number)

Starting Month: \_\_\_\_\_ (always withdrawn on the 15<sup>th</sup>) Amount to Withdraw: \$ \_\_\_\_\_  
 One time  Monthly  Annual

Support for: \_\_\_\_\_ Project #: \_\_\_\_\_

This authority is to remain in full force and effect until **YWAM Montana** has received written notification from me (or either of us) of its termination in such time and manner as to afford Ywam Montana and Glacier Bank a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print individual name)

\_\_\_\_\_  
(Email address if you would like to receive an email receipt – end of year receipt will still be sent via mail)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please attach a copy of a voided check (for checking accts) or deposit slip (for savings accts) to this form.  
**Mail this form back to YWAM at 501 Blacktail Rd, Lakeside MT 59922**