



**ONLINE BANKING FORM**

**Authorization Agreement for: (must choose one)**

**AUTOMATIC MONTHLY WITHDRAWALS:** \_\_\_\_\_ **Amount:** \_\_\_\_\_  
**ONE TIME DONATION WITHDRAWAL:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

I (We) hereby authorize First Columbia Bank & Trust Com. (FCBT), to initiate credit entries or debit entries, and if necessary, any debit/credit entries needed for adjustments due to entries made in error, to my (our) \_\_\_\_\_ Checking \_\_\_\_\_ Savings account (select one), indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to debit/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:**

**DEPOSITORY NAME (Bank)** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**TRANSIT/ABA NO. (ROUTING NO.)** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

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

**PERSONAL INFORMATION:**

**ACCOUNT HOLDER**

**NAMES(S)** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_  
(PLEASE PRINT)  
**E-MAIL** \_\_\_\_\_ **STREET ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**DATE** \_\_\_\_\_ **SIGNED X** \_\_\_\_\_ **SIGNED X** \_\_\_\_\_

*If joint account, both parties must sign form*

Please attach a voided check if a checking account is selected.