



**ONLINE BANKING FORM**

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

<b>AUTOMATIC MONTHLY WITHDRAWALS:</b> _____	<b>Amount:</b> _____
<b>ONE TIME DONATION WITHDRAWAL:</b> _____	<b>Amount:</b> _____
<b>GIFT CARD PURCHASE WITHDRAWAL:</b> _____	<b>Amount:</b> _____

(Please include Gift Card Order Form)

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 N** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

This authority is to remain in full force and in effect until AGAPE has received written notification.

**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.