ACH Authorization Form CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Wynncliff, Inc. to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Wynncliff, Inc. is notified by me (us) in writing to cancel it in such time as to afford Wynncliff, Inc. and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

This authorization is for donations to the capital building fund / operating fund (circle one).

_____
(Name of Financial Institution)

_____
(Address of Financial Institution - Branch, City, State, & Zip)

_____   _____
(Signature)   (Date)

_____
(Name - PLEASE PRINT)

_____
(Address - PLEASE PRINT)

Set Amount: $_____ per frequency: _____ (one-time, monthly, annually)

for Maximum Amount: $_____

Start date: _____   End date: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number (circle which): _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 123456789 0123 ⑈
Routing Number   **Account Number**