



The Channel Inc. 501 (c)(3) - Channel to Brazil for Christ (CBC)

Debit Authorization Agreement

(PLEASE PRINT CLEARLY IN CAPITAL LETTERS)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)	
Company:	<u>The Channel Inc.</u> herein referred to as 'The Channel (CBC)'
Address:	332, 34th St. Newport News, VA 23607
Company ID Number:	54-1726745

I (we) hereby authorize The Channel (CBC) to initiate debit entries to my (our)

Amount in \$:

- (select a or b)
- a) Checking Account _____
- b) Savings Account _____

indicated below at the depository financial institution (Name of Bank) named below, and to debit the same to such account on the **first business day of each month**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Bank: _____	Address of Branch: _____
_____	City: _____ State: _____ Zip: _____
Routing Number: <input type="checkbox"/> _____ <input type="checkbox"/>	Account Number: _____ <input type="checkbox"/>
(The first 9 digits between these special characters on your check)	(The number to left of this special character on your check)
This authorization is to remain in full force and effect until The Channel (CBC) has received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Channel (CBC) and the depository financial institution a reasonable opportunity to act on it.	
Name & Title: _____	
Signature: _____	Date: _____
Name & Title: _____	
Signature: _____	Date: _____
THE CHANNEL (CBC) WILL REVOKE THIS AUTHORIZATION ONLY BY WRITTEN NOTIFICATION TO THE ORIGINATOR.	

Account holder is required to verify bank account data by submitting a voided check

This voided check should be signed with the amount that you would like to be debited per month.

If you need help filling in this form please call our office (757) 244 6852

**PLEASE RETURN THIS FORM WITH YOUR SIGNED, VOIDED CHECK TO:
THE CHANNEL INC. PO BOX 804, NEWPORT NEWS, VA 23607**