AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

	ch (Disciples of Christ), Morehead, Kentucky,		
hereinafter called FCC, to initiate entries to my (our) Account indicated below at the Financial Institution named below, hereafter called, and, if necessary, initiate adjustments for any transactions made in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.			
		of Herr transactions to my (our) account me	ist comply with the provisions of e.s. itw.
		(Name of Financial Institution)	
(Address of Financial Institution –City, State & Zip)			
(Routing Number)	(Account Number)		
	CheckingSavings (Select One)		
AMOUNT AND DATE TO BE DEDUCTE	D:		
1st Monday of the month Am	nount: \$		
2nd Monday of the month An	nount: \$		
2nd Monday of the month Am 3rd Monday of the month An 4th Monday of the month An	nount: \$ nount: \$		
You may choose any number of Mondays. I business days (so for instance, you might no	PLEASE note, the deductions will take up to two t see your deduction until that Wednesday)		
This authorization is to remain in full force a	and effect until FCC has received written notification		
	n such time and in such manner as to afford FCC and		
Kentucky Bank a reasonable opportunity to	act on it.		
Name(s)			
(Please Print)			
Signature	Date		
Signature	Date		

Please attach VOIDED CHECK.