

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)
NC Conference Amazing Pace Walking Program

NAME: _____

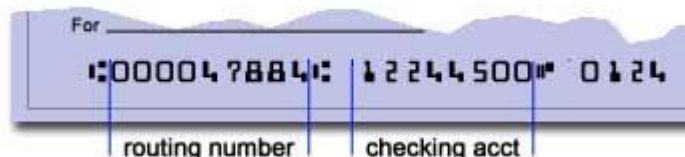
SOCIAL SECURITY NUMBER (last four digits only): _____XXX-XX-_____

I (we) hereby authorize NC Conference Amazing Pace Walking Program to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ☐ Checking ☐ Savings account (*select one*) indicated below, and the financial institution named below to debit and/or credit the same to such account.

FINANCIAL
INSTITUTION: _____

ROUTING NO: _____ ACCOUNT NO: _____
(9 positions)

Example:



Please attach a voided check to this form for verification of account numbers. Complete one form per Walking Program participant.

This authority is to remain in full force and effect until NCC Amazing Pace Walking Program has received written notification from me (or us) of its termination in such time and in such manner as to afford the NC Conference Amazing Pace Walking Program and the financial institution named above a reasonable opportunity to act on it.

NAME(S): _____

DATE: _____ *SIGNED X _____

PHONE NUMBER: _____ *SIGNED X _____

**Two signatures are required for accounts in joint names.*

EMAIL ADDRESS: _____

When this form is completed and signed, mail the form to:

NC Conference Amazing Pace Walking Program
Attn: Lee Burdine
P.O. Box 703
Columbus, MS 39703-0703

Please call Amazing Pace Support Team at 662-328-0444 or email support@lifebux.com if you have any questions.