



**Sterling  
State Bank**

**CAMPUS // PO BOX 24187 // Lansing // MI // 48933 // Fax: 517.316.1549**

**AUTHORIZATION FOR AUTOMATIC PAYMENTS**

I authorize COMPANY to initiate debits, and any credits necessary to correct errors, to complete the following payments from MY ACCOUNT at the DEPOSITORY:

COMPANY: CAMPUS / BONDERS / MICHIGAN CONFERENCE OF SEVENTH-DAY ADVENTISTS

Payment Description: DONATION

Payment Amount: \_\_\_\_\_

The payment amount may vary.  Maximum: \$ \_\_\_\_\_

I have the right to receive notice at least 10 days in advance of the due date of any payment of a varying amount.

I choose to receive this notice ONLY when the payment amount falls outside the following range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

I choose to receive this notice ONLY when the payment amount differs from the most recent payment by more than \$ \_\_\_\_\_

Frequency:  Monthly  ONE TIME

DEPOSITORY NAME:

Branch:

Phone:

City:

State:

ZIP:

Routing #:

MY ACCOUNT#:

Checking or  \_\_\_\_\_

This authorization will remain in effect until:

COMPANY receives written notice of termination from me in a time and manner allowing the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_

My account remains subject to its original terms, which are not altered by this authorization. I acknowledge these payments must comply with the provisions of U.S. law.

PRINT NAME: \_\_\_\_\_

Signature:

Date: