



REQUEST FOR ACH DEPOSIT AT FIRST EXCHANGE BANK
FROM ACCOUNT AT ANOTHER INSTITUTION

DATE: _____

I, _____ wish to set up an automatic ACH

deposit to CHECKING, Account Number _____
(Account Type) **Faith United Methodist Church**

IN THE NAME OF
FAITH UNITED METHODIST CHURCH

From my _____ account at _____
(account type) (institution name)

Account # _____ Routing # _____

AMOUNT \$ _____ MONTHLY _____

Day/Date of Transfer: _____ DAY OF EACH MONTH _____

Customer Signature

Customer Signature CHURCH AUTHORIZED SIGNER

(Attach Blank Deposit Slip from account at institution ACH is to be taken from to this form.)