



Wealth Solutions

A Division of Ephrata National Bank

Direct Deposit Authorization Form ACH Credits

Account Name: Home Mission Council Churches Of God

Investor Name: _____
(please print)

Contact Name: _____

Investor's Address & Phone Number _____

Certificate Number(s): _____

Bank Information:

Bank Name: _____

Bank Address: _____

Account Number: _____ [☐] checking [☐] savings

Bank ABA/Routing Number: _____
(or attach a voided check)

I (we) hereby authorize Ephrata National Bank's Money Management Group to initiate credit entries to my (our) account indicated above at the financial institution named above. This will also serve as authorization to debit my account to adjust or correct erroneous credits. This authorization is to remain in full force and effect until ENB Money Management Group has received written notification from me of its termination in such time and in such manner as to allow ENB Money Management Group reasonable time to act upon it.

Signature

Date