**WESTSIDE KOINONIA FORTH DAY PARTNERSHIP FUND**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH Debits)**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize William E. Pappas CPA Inc. 30980 Lorain Road North Olmsted, Ohio to initiate debit entries to my checking account indicated below at the depository financial institution named here below, hereafter called “DEPOSITORY”, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.**

**Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and each month thereafter for the duration of agreement**

**Depository Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT EACH MONTH $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I acknowledge that the amount indicated above shall be a monthly ACH debited to my account effective on the 5th each month beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**This authorization is to remain in full force and effective until WILLIAM E. PAPPAS CPA INC. has received written notification from me of its termination in such time and in such manner as to afford WILLIAM E. PAPPAS CPA INC. and DEPOSITORY a reasonable opportunity to act on it.**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would like my Partnership listed as:**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN MEMORY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOT LISTED**

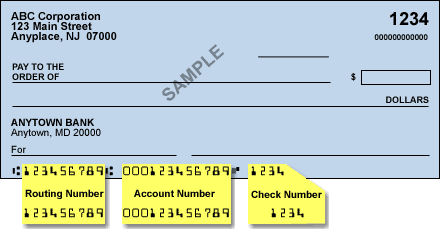
***INSTRUCTIONS ON BACK***

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH Debits)**

**INSTRUCTIONS**

**BE SURE TO FILL IN ALL BLANK**

**USE ROUTING AND ACCOUNT NUMBER FROM A CURRENT CHECK AND NOT A DEPOSIT SLIP (they are different numbers)**

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**SIGN AND DATE FORM**

**FILL OUT HOW YOU WANT YOUR PARTNERSHIP LISTED**

**Personal**

**In memory of**

**Corporate**

**Anonymous**

**SEND COMPLETED FORM TO:**

**WILLIAN E. PAPPAS CPA INC.**

**30980 Lorain Road**

**North Olmsted, OHIO 44070**

**WESTSIDE KOINONIA IS A 501c3 NON-PROFIT CHARITABLE CORPORATION. ALL DONATIONS ARE TAX DEDUCTABLE.**