

Maple Manor Christian Home, Inc.

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Maple Manor Christian Home, Inc. (Maple Manor) to initiate entries to my (our) checking/savings accounts at the financial institution listed below on behalf of the Resident listed below. This authority will remain in effect until Maple Manor is notified by me (us) in writing to cancel it in such time as to afford Maple Manor and the financial institution a reasonable opportunity to act on it.

Printed name of authorized signer on the account

Signature of authorized signer

Date

Name of Resident of Maple Manor

Type of Account: Checking_____ Savings_____

Account number: _____

Financial Institution Routing Number: _____

Email address (for bank notifications): _____

Preferred day of month for withdrawal of funds: _____

Set Amount: \$ _____ per month or Maximum Amount: \$ _____ per month