

Banking Branch And Trust

ACH Origination Agreement
Schedule 4

I authorize *Sunrise United Methodist Church* and the financial institution named below to initiate entries to my checking/savings accounts, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever comes first.

Banking Branch & Trust-BB&T
6454 Shallowford Road,
Lewisville, NC 27023
(336) 945-3795

(Signature)

(Name-PLEASE PRINT)

(Address-PLEASE PRINT)

Checking Account No _____ (or) Savings Account No _____

Financial Institution Routing Number _____

Amount to be deducted on the 5th day of each month _____

Amount to be deducted on the 20th day of each month _____

Note: In the case of revoked authorization, all written authorizations must be revoked only by notifying the originator in writing no later than 15 days before the next transactions effective date.