



AUTOMATIC CLEARING HOUSE(ACH) AGREEMENT

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email _____

Effective _____ (enter date), I authorize The Harbor to start making automatic withdrawals from my account listed below.

Financial Institution: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Withdrawals: You may choose to have monies withdrawn weekly, monthly, or semi-monthly. Please complete your option below.

Weekly(every Mon.) \$ _____ General Offering

3rd of the month \$ _____ General Offering

17th of the month \$ _____ General Offering

Signature: _____

****Please attach a voided check****

This agreement will remain in effect until otherwise notified in writing. If you have any questions, contact Debbie Matlock, the finance coordinator at 281-388-3509 or debbie.matlock@theharbor.life.