

**AUTHORIZATION AGREEMENT TO INITIATE AN ACH CREDIT ENTRY**

Please complete this form and mail or fax to:  
WELS Church Extension Fund, Inc.  
2929 North Mayfair Rd.  
Milwaukee, WI 53222  
Fax: (414) 256-6480

I hereby authorize WELS Church Extension Fund, Inc. to initiate credit entries to the checking or savings account designated below and the depository institution named below for the purpose of payments of interest on investment Certificates. If necessary, a debit entry may be initiated for correction only.

Please type or print clearly

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ABA/TRN#: \_\_\_\_\_ Account #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Joint Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Account Name \_\_\_\_\_

Savings       Checking      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**  
(A deposit slip will not be accepted)