

Authorization for Preauthorized Fixed withdrawals (ACH Debits)

I hereby authorize Mt. Zion, (hereinafter referred to as the Company) to make withdrawals from time to time from the account identified below at _____ (Depository Financial Institution, hereinafter referred to as DFI) and authorized the DFI to charge such withdrawals to my listed account.

Such withdrawals shall be equal to _____ and payable _____ (1st, 2nd, 3rd, or 4th Friday of the month-pick one). If the purpose for withdrawal is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Company. I acknowledge receipt of a filled in copy of this Authorization.

Name of DFI	DFI's Routing & Transit No.	Account No. To Debit	Type of Account	
			<input type="checkbox"/> Checking	
			<input type="checkbox"/> Saving	
Name of Authorizing Party (Please Print)	Address	City	State	Zip Code
Signature of Authorizing Party	Date		Individual ID No.	
Start Date	Other			

TMS 6221E 4/99 (Form 6221 3/99)

Please attach Voided Check or Deposit Ticket to this authorization.