



DIRECT DEBIT AUTHORIZATION - DEVELOPMENT

Check One:

Start _____ Cancellation _____ Change _____

Name: _____

Address: _____

Expected start date for withdrawal: 23rd Next Business Day) of Each Month _____

Month/Year (withdrawals are done on the 15th of the month, Exception would be if the 15th falls on a Saturday or Sunday)

Bank Information:

Bank Name: _____

Bank Routing Number: _____

Account Holder Name: _____

Account Number: _____

Account Type: _____ Checking, Money Management Account, Share Draft
(Please check one) _____ Savings

Gift Amount: _____

Gift Designation: _____

Please attach a check "marked" VOID for withdrawals from checking accounts (no deposits slips)

I hereby authorize Menno Haven, Inc. to debit the above referenced account for the amount designated to Menno Haven, Inc. This authorization is to remain in force until Menno Haven, Inc. has received written notification of termination in such time and in such manner as to afford Menno Haven, Inc. and/or the Bank(s) a reasonable opportunity to act on it.

In the event that Menno Haven, Inc. notifies the Bank(s) that funds transferred were not entitled to Menno Haven, Inc., I hereby authorize and direct the Bank(s) to return said funds to the above referenced account.

Date: _____
Month/Day/Year

Signature: _____
Resident / Guarantor / Power of Attorney

Account Holder Name: _____
(Print Name)

Please return to:
Menno Haven Inc.
300 Ridgeview
Chambersburg, PA 17201
Attn: Chuck Nelson