



**Authorization Agreement for Direct Debit**  
(for remittance of Servant Solutions Retirement Plan contributions)

I hereby authorize Servant Solutions, Inc. to initiate debit entries (and to initiate, if necessary, credit entries as adjustments for any errant debit entries) to the checking account indicated below. I also authorize the bank named below to credit and/or debit the same to such account. This authorization will continue until revoked in writing to Servant Solutions, P. O. Box 2559, Anderson, IN 46018. In addition, the remitting agent, as named below, is authorized to initiate the transactions authorized herein.

**Treasurer or Other Authorized Signer on Bank Account:**

Authorization Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_  
Treasurer, Financial Director, etc. (authorized signatory for checking account)

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: Daytime Phone: Evening Authorized signer's email

Bank Name: \_\_\_\_\_

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

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Establishment of Login Credentials:**

Remitting Agent's Name (*person who will initiate the online transaction*): \_\_\_\_\_  
The Remitting Agent may be the same as, or different than, the Authorized Signer above.

Username (*Remitting Agent's full email address*): \_\_\_\_\_  
The system will send an email confirmation to this address following each remittance.

Password (*minimum 8 characters—must be alpha & numeric; case sensitive*): \_\_\_\_\_  
The password may be changed once the initial login is established if desired.

**Church/Organization Info:**

Church/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**PLEASE ATTACH (or fax) A BLANK VOIDED CHECK**

Mail or fax completed form to: Servant Solutions  
P O Box 2559, Anderson, IN 46018 • (765) 642-3942 Fax