

Hockey Ministries International

PO Box 10857
White Bear Lake, MN 55110
5143951717
info@hockeyministries.org



CUSTOMER INFORMATION

Name		Email	
<hr/>		<hr/>	
Address		City	
<hr/>		<hr/>	
State	Zip code	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<hr/>	<hr/>		

PAYMENT INFORMATION

Amount	Frequency	Process date	No. of instalments
<hr/>	<hr/>	<hr/>	<hr/>

ACH TERMS

Authorization
I authorize the above business to debit my bank account as outlined in the payment terms of this agreement.

Recourse
I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any ACH that is not authorized or is not consistent with this ACH Agreement. I understand that this authorization will remain in effect until it is canceled in writing and I agree to notify the above business at least 15 days in advance to any changes.

To obtain more information about your recourse rights, you can visit www.nacha.org.

AUTHORIZATION

Please attach a void cheque or fill out account details

Routing no.		Account no.	
<hr/>		<hr/>	
Date	Max Auth Amount	Signature(s)	
<hr/>	<hr/>	<hr/>	
Checking <input type="checkbox"/> Savings <input type="checkbox"/>			