Pinnacle Community Church
ACH Authorization Form

Add ☐ Delete ☐ Change ☐

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Funds Settlement Information

Bank Name: _____
Account Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Routing # (9 digits) _____
Account # _____
Occurrence (Check One) Weekly _____ Monthly _____ Other _____
Amount $ _____

_____ authorizes Pinnacle Community Church (PCC), to initiate ACH transfer entries and to debit the account identified herein for contributions to PCC. This authorization shall remain in effect until PCC has received written notification that this authorization has been terminated or changed in such time and manner to allow PCC to act. Undersigned represents and warrants to PCC that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

_____ / / _____
Account Owner Signature Date

_____
Print Name

ATTACH PRE-PRINTED VOIDED CHECK