



Our Mission – To make disciples of Jesus through inviting, worshipping, discipling, serving, caring and equipping.

DEBIT AUTHORIZATION AGREEMENT (ACH)

Member Name: _____ Envelope Number _____

Direct Debit my payment from:

Account () checking () savings

Bank Name: _____

Bank Address _____ City _____ State _____ Zip _____

Account # _____ ABA Routing# _____

Start date: _____ Amount \$ _____

Weekly _____ Monthly _____ Quarterly _____ Yearly _____

Funds will be drawn on Mondays please state which Monday of the month you would like your funds to be drawn on if you are doing monthly, quarterly or yearly.

1st Monday of the Month _____

2nd Monday of the Month _____

3rd Monday of the Month _____

Last Monday of the Month _____

I hereby authorize _____ to direct debit my account from the bank listed above. This includes, if necessary, adjustments for debit entries made in error to my account. This authorization remains in force until you receive written notification from me terminating this Agreement. Upon termination of this Agreement, I realize it may take one month to discontinue direct debit.

Signed by Member _____ **Date signed** _____

Please attach a voided blank check or deposit slip for the account of which you are requesting debit of your donation.