



## Auto Debit Agreement Form

### Authorization Agreement

I hereby authorize Next Chapter Ministries to initiate automatic debits from my account at the financial institution named below. I also authorize **Next Chapter Ministries** to make deposits to this account in the event that a debit entry is made in error.

The debit will occur on the 1st of each month, or the first business day following. The amount of the ongoing debit shall be \$\_\_\_\_\_.

This agreement will remain in effect until **Next Chapter Ministries** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Business Office. Please allow three business days for changes.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form to Next Chapter Ministries,  
PO Box 9321, Rochester, MN 55903.**

PO Box 9321 Rochester, Minnesota 55903  
www.nextchapterrochester.org  
Email: info@nextchapterrochester.org  
Phone: (507) 529-5799