

**Authorization Agreement for Pre-arranged Payments
(ACH Debit)**

I _____ hereby authorize **Christ Community Church,**
(Donor's Name)
Huntersville, Company Federal ID Number 58-1660941, to automatically initiate debit entries, and if necessary, credit or debit entries for any error adjustments, to my(our) Checking Account or Savings Account indicated below and the financial institution named below for donations to Christ Community Church, commencing on _____.
(Date)

Checking Account **Savings Account** \$ _____

A One Time Gift Only

Weekly

1st of the Month

15th of the Month

Financial Institution: _____

City, State: _____

Transit/ABA Number: _____

Account Number _____

Fund(s): **Operating Fund** \$ _____

Great Expectations \$ _____

This authorization is to remain in full force and effect until Christ Community Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Christ Community Church and our Financial Institution a reasonable opportunity to act on it. (A minimum of 15 days is requested.)

Print Name

Print Name

Signature

Signature

Date

Date

Please attach a voided check (for checking) or deposit slip (for savings) to this form.