

# Name of Organization

## Authorization Agreement for Direct Deposit Contributions

I (we) hereby authorize (organization name), hereinafter called ORGANIZATION, to initiate debit entries to my (our) checking account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account.

Financial Institution Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code 00000 \_\_\_\_\_

My (our) annual gift is \$ \_\_\_\_\_

To be paid \$ \_\_\_\_\_ Payment Schedule \_\_\_\_\_

Note: Debits will be processed on the 5th and 20th of each month.

This authority is to remain in full force and effect until ORGANIZATION has received written notification from me (or either of us) of its termination in such time and manner as to afford ORGANIZATION and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Individual Name (as contributions are to be recorded) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

House Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date \_\_\_\_\_ Zip/Postal Code 00000 \_\_\_\_\_

**MAIL OR DELIVER COPY OF VOIDED CHECK TO CHURCH OFFICE**  
**Contributions will not begin until your voided check has been received**

Print Form

Submit by Email

Click on "Print Form" to print a copy for your record. Click on "Submit by Email" to send your authorization.