

CHURCH OF THE RESURRECTION

Donor Direct Deposit Authorization Agreement

I hereby authorize the Church of the Resurrection to deposit my regular offertory contribution by initiating entries to my account at the financial institution (hereinafter "BANK") indicated below.

Donor Information

Envelope # _____
(please print)

Name _____ Social Security # ____ - ____ - ____

Address _____

City, State, Zip _____

Telephone _____

Name of BANK: _____

Bank Account # _____

Initial signup: (or change in bank or account #)

*Please attach a **voided check**. It must include the 9 digit routing code and account number.*

Start date: ____/____/____ (please allow 10 days to 2 weeks for start-up)

Amount of deduction \$ _____

I wish my deductions to be made on: (check only one)

2nd Monday of each month

4th Monday of each month

For change in amount: (voiced check not required)

Change amount of deduction from \$ _____ to \$ _____

This authorization is to remain in full force and effect until the Church of the Resurrection and BANK have received WRITTEN NOTICE from me of its termination in such time and in such manner as to afford the Church of the Resurrection and BANK a reasonable opportunity to act on it.

Donor Signature _____ Date _____