

AUTHORIZATION FOR ELECTRONIC ENTRIES TO CHECKING OR SAVINGS ACCOUNTS

The purpose of this form is to initiate your request and authorization for automatic electronic withdrawal of your tithe and/or offering from your savings or checking account

The following three options are available for automatic payments:

- The fifteenth day of each month (or Friday prior if the fifteenth falls on a weekend)
- The last working day of each month
- Twice monthly on each of the above days

The amount(s) you indicate will be automatically withdrawn from your account on the day(s) selected each month until we receive written notice from you terminating this agreement.

GENERAL TITHES AND OFFERINGS

I, the undersigned, do hereby authorize Christian Fellowship Church to make electronic debit entries for my tithe and/or offering. I request that the following be withdrawn from my account on a regular basis:

\$ _____ on the fifteenth day (or Friday prior should the 15th fall on a weekend)

\$ _____ on the last working day of each month

MISSIONARY SUPPORT

I, the undersigned, do hereby authorize Christian Fellowship Church to make electronic debit entries for my offering in support of _____ (name of missionary), a missionary of Christian Fellowship Church. I request that the following be withdrawn from my account on a regular basis:

\$ _____ on the fifteenth day (or Friday prior should the 15th fall on a weekend)

\$ _____ on the last working day of each month

I authorize the bank listed below to accept the above entries. It is agreed that these entries will be made under the Rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination is delivered to Christian Fellowship Church in a timely manner so as to afford Christian Fellowship Church an opportunity to act thereon. In no event shall such termination be effective as to entries processed prior to receipt of such notice.

Bank Name _____

Bank Address (city, state) _____

Account Type: _____ Checking _____ Savings

Routing/Transit Number _____ Account Number _____

Printed Name of Authorized Party _____

Signature of Authorized Party _____

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM (checking account)
OR A SAVINGS DEPOSIT SLIP (savings account)**