

CHRIST EPISCOPAL CHURCH, Covington, LA

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

Member Name(s) _____

I (we) hereby authorize Christ Episcopal Church of Covington to initiate debit entries to my (our) _____ CHECKING or _____ SAVINGS account (select one) indicated below and my depository bank named below to debit the same to such account.

****Name of Bank** _____

Branch _____

City _____ **State** _____ **Zip** _____

Transit/ABA/Routing Number _____

Bank Account Number _____

Amount of Contribution: _____

Frequency of Contribution: select one

____ Monthly on the 1st ____ Monthly on the 15th ____ Semi-Monthly on the 1st and 15th

This authority will remain in effect until Christ Episcopal Church of Covington has received written notification from me (or either of us) of its termination and has reasonable time to act upon it.

Name _____

Signature _____ **Date** _____

Name 2: _____

Signature: _____ **Date:** _____

Please provide your email so that we may notify you when your Automatic Withdrawal Option has been put into effect.

E-mail: _____

(If you prefer to be contacted by phone, please provide your number above)

****Please attach a voided check or a copy so that we can verify the information above.**