

CHRISTCHURCH

Automated Giving Authorization Form

Effective Date _____ (Please allow 2 weeks for processing)

Name _____

Address _____

City _____ Zip _____

- New Authorization (fill out form below)
- Change Contribution Amount of \$_____ to \$_____
- Change Contribution Date of _____ to _____ (1st or 15th)
- Change Financial Institution Account (fill out form below)
- Discontinue Automated Transfer Contribution

Please debit my contributions from my:

- Checking Account (attach voided check)
- Savings Account (attach deposit slip)

Routing #: _____ Account #: _____

Regular Contributions:

	1st	15th
Crossroads Campus General Operating Budget	\$_____	\$_____
Highland Park Campus General Operating Budget	\$_____	\$_____
Lake Forest Campus General Operating Budget	\$_____	\$_____
St. James Society	\$_____	\$_____

I authorize Christ Church to process debit entries from my checking or savings account indicated above. I have attached a voided check or savings deposit slip. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel or make any changes to the above information, I will submit a new form to Christ Church and afford it a reasonable opportunity to act on it.

Signature _____ Date _____

Printed Name _____

Please return completed form to Christ Church - Attention: Finance