

CHRISTCHURCH

Automated Giving Authorization Form

Effective Date _____ (Please allow 2 weeks for processing)

Name _____

Address _____

City _____ Zip _____

- New Authorization
- Change Contribution Amount
- Change Contribution Date
- Change Financial Institution Account
- Discontinue Automated Transfer Contribution

Please debit my contributions from my:

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

Routing #: _____ Account #: _____

Regular Contributions: (Max of \$4k on 1st or 15th)

	1st	15th
Crossroads 9 AM	\$ _____	\$ _____
Crossroads 11 AM	\$ _____	\$ _____
Highland Park Thursday	\$ _____	\$ _____
Highland Park 10 AM	\$ _____	\$ _____
Lake Forest 5:30 PM	\$ _____	\$ _____
Lake Forest 9 AM	\$ _____	\$ _____
Lake Forest 9:01 AM	\$ _____	\$ _____
Lake Forest 11 AM	\$ _____	\$ _____
Lake Forest 11:01 AM	\$ _____	\$ _____

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
100 N Waukegan Rd. Lake Forest IL 60045*