

CHRISTCHURCH

Automated Giving Authorization Form

Effective Date _____ (Please allow 2 weeks for processing)

Name _____

Address _____

City/State _____ Zip _____

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

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 Campus | \$ _____ | \$ _____ |
| Highland Park Campus | \$ _____ | \$ _____ |
| Lake Forest Campus | \$ _____ | \$ _____ |
| Vernon Hills Campus | \$ _____ | \$ _____ |
| Online Campus | \$ _____ | \$ _____ |
| 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 _____