



AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

FOR OFFICE USE ONLY		ENVELOPE#:	DATE:
Effective date of authorization: ____/____/20__			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date			
Last Name:		First Name:	
Address:			
City:		State:	Zip:
Email Address:			
Please debit my donation from my (check one)			
<input type="checkbox"/> Checking Account (attach a voided check)		Account Number: _____	
<input type="checkbox"/> Savings Account		Routing Number: _____	
<i>Contact your financial institution for Routing #, number must start with 0, 1, 2, or 3</i>			
Date of first donation: ____/____/20__	Frequency of donation (check one)	Fund designations and amounts:	
	<input type="checkbox"/> Monthly on the 1 st	<input type="checkbox"/> General fund	\$ _____
	<input type="checkbox"/> Monthly on the 15 th	<input type="checkbox"/> Transformation	\$ _____
	<input type="checkbox"/> Monthly on the 25 th	<input type="checkbox"/> Outreach	\$ _____
		Total	\$ _____
AGREEMENT: I authorize Berkley Hills Community Church to process debit entries to my account. I understand that this authority will remain in effect until I provide a reasonable notification to terminate the authorization.			
Authorized Signature: _____		Date: ____/____/20__	

