

Authorization for Direct Debit

GENERAL INFORMATION

Name: _____ SSN: _____

Address: _____

AUTHORIZATION:

Account Number: _____ Amount: _____

Bank Routing Number: _____

Account Type: _____ Checking _____ Savings

Name of Financial Institution: _____

Please circle which Friday(s) to debit funds:

1st Friday

3rd Friday

5th Friday

2nd Friday

4th Friday

City: _____ State: _____

I authorize Great Oaks Community Church to initiate credit entries to the account indicated above and make corrections for errors processed. I further authorize the Financial Institution named above to credit the same to such account.

This authority will remain in full force and effect until Great Oaks Community Church has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Printed Name: _____

Signature: _____ Date: _____

An actual voided check must be attached.

***Please return the completed signed form with a voided check attached to Stacey Anderson at the church office.**

Staple voided check here

If a check is not available to attach (i.e. savings accounts), you are responsible for obtaining the correct ACH routing number from your financial institution.