



P.O. Box 30153, Charlotte, NC 28230-0153
Phone (704) 342-1099/Fax (704) 342-1235
churchoffice@thecharlottechurch.org

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

New Set-up Change in Account Number/Bank Change in Existing Deduction

Name(s): _____ Phone Number: _____

SELECT ONE:

- Weekly (EVERY Friday)
- Monthly: (circle one) 1st Friday 2nd Friday 3rd Friday 4th Friday

I (We) hereby authorize the **Charlotte Church, Inc.** to initiate charges to the Checking Savings account in the amount specified below, and the depository named below is authorized to DEBIT that account. If the amount varies, I (we) will send written notice of the amount and the effective date of the change at least ten business days before the scheduled change.

Name of Bank: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Bank Transit/ABA: _____ Account#: _____

Amount of debit: \$ _____

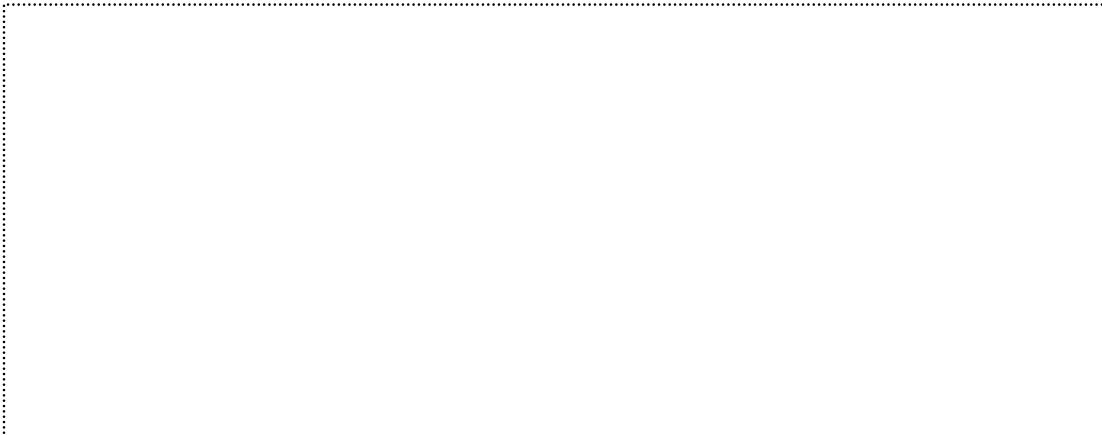
Purpose: General Operating Fund Benevolence Missions Other: _____

This authority is to remain in effect until the depository has received written notice of termination and has been provided a reasonable opportunity to take action. The depository customer has the right to stop payment of debit entry by notifying the depository prior to charging the account. If the organization initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask the following conditions: Notify the depository in writing of the incorrect entry within fifteen calendar days following the date the customer received the statement of account or a written notification of that entry or 60 calendar days after posting, whichever comes first.

Print Name(s): _____ Tax ID/SSN: _____

Date: _____ Signed: _____ Signed: _____

Please attach VOID check here:



Office Use Only

Date Form Received: _____ Received by: _____

Date Prenote Verified: _____ Date of First Debit: _____