



## MONTHLY ACH AUTHORIZATION FORM

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

I, \_\_\_\_\_, permit ChristChurch Presbyterian to debit my  
account as listed below a total of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of every month beginning  
on \_\_\_\_\_  
MONTH DAY YEAR

Signed,

\_\_\_\_\_  
ACCOUNT HOLDER SIGNATURE

Please fill out the account information below and attach a voided check to this form.  
The form and voided check should be returned to ChristChurch Presbyterian

by mail: 510 S. Tibbs Rd.  
Dalton, GA 30720

by email: [khutchins@ccpdalton.org](mailto:khutchins@ccpdalton.org)

by fax: 706-275-0477  
attn: Kristi Hutchins

NAME ON ACCOUNT:
BANK NAME:
ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
ROUTING/TRANSIT NUMBER:
ACCOUNT NUMBER: