

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS



Effective date of authorization: _____

- 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

Date of first donation:

Frequency of donation: (check only one)

- Weekly – Mondays
- Semi-Monthly – 15th and 30th
- Monthly on the _____ of each month
- Other - use Special Instructions section

Contribution Amount: \$ _____

Special Instructions:

Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #)
- Checking Account (attach a voided check)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

I authorize Turning Point Church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____