



ACH AUTHORIZATION FORM

Effective Date: _____

- New Authorization
 Discontinue Electronic Contribution

Name (Please Print)

Address

City

State

Zip

Please note below your preferred deduction frequency and your contribution amount:

- Semi-Monthly** (transferred twice each month on 1st AND 15th)
 Monthly (transferred once each month on the 1st OR 15th) **CIRCLE ONE:** 1st or 15th
 Contribution Amount: \$ _____

Please take my contribution directly from the account specified: **Checking Account** **Savings Account**

Routing #
PRINT CLEARLY

Account #:
PRINT CLEARLY

I authorize Overlake Christian Church to process electronic funds transfers to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account:

Date: