



Direct Debit Authorization Form

For authorization of recurring banking withdrawals.

Amount and Designation

Ministry (General) Fund: \$ _____

Frequency:
[] Weekly (Every Monday)
[] Monthly (1st Monday of the Month)

Missions Fund: \$ _____

Frequency:
[] Monthly (1st Monday of the Month)

Banking information

Bank Name: _____

Account Type: [] Checking OR [] Savings

Name(s) on Account: _____

Routing Number: _____

Account Number:

Authorization

I (we) hereby authorize Calvin CRC to initiate debit entries and if necessary credit adjustments to our banking account. This authority is to remain in full force and effect until the Treasurer of Calvin Church has received written notification from me (us) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Authorizing signature: _____ Date: _____

Printed Name: _____ Giving Env #: _____

Email: _____ Phone: _____

Please return this form to the church office, attention: Treasurer

For Treasurer's use: Set-up date ___/___/___ [] confirmation letter sent to member
Deactivation date ___/___/___ due to [] Member request [] Deceased [] New form submitted
Retain this Authorization Form until
2 years post deactivation = ___/___/___ to comply with Bank Requirements