

Debit Authorization Form

I (we) hereby authorize Shoal Creek Community Church to initiate entries to my checking/savings account at the financial institution listed below. This authority will remain in effect until Shoal Creek Community Church is notified by me (us) in writing to cancel it in such time as to afford Shoal Creek Community Church and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

This information will remain secure and confidential.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & Zip)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

(Email Address – PLEASE PRINT)

Date of monthly withdrawal _____ mm/dd/yyyy

Start date of monthly withdrawal _____ mm/dd/yyyy

Account Number _____ Checking _____ Savings _____

Financial Institution's Routing Number _____
(Look between these symbols |: :| on the bottom of you check)

Contribution Amount: \$40

(Signature)

(Today's Date)

Please attach a voided check (or photocopy of a check) with the amount of your desired monthly deduction. Deposit tickets are not acceptable

Shoal Creek
C O M M U N I T Y C H U R C H