



CHRISTCHURCH ANGLICAN

2020 Annual Operating Pledge ACH Authorization Form

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

I hereby authorize: Christchurch

To initiate: debit/drafts

To my: checking account savings account

Please indicate date to debit account: 5th of the month
 20th of the month

I understand that, if necessary, an adjusting debit/credit entry may be made to correct an error.

I also authorize the financial institution named below to credit and/or debit my account for the correcting entries.

I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

ACCOUNT INFORMATION:

NAME OF BANK: _____

CITY/STATE: _____

BANK ROUTING NUMBER: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

This authority will remain in full force and effect for one year or until such time as CHRISTCHURCH has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

Signature of account owner

Date