



AUTHORIZATION FORM
Christ Church United Methodist

Last Name		First Name	
Address			
City		State	Zip
Email Address			
Please debit my offering from my (check one)		Routing Number _____	
<input type="checkbox"/> Savings Account		Account Number _____	
<input type="checkbox"/> Checking Account (please attach voided check)			
I authorize Christ Church United Methodist to process debit entries from my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.			
Authorized Signature _____		Date _____	