

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

# PARK LANE COMMUNITY CHURCH

FOR OFFICE USE ONLY →

ENVELOPE #

DATE

Effective date of authorization: \_\_\_\_\_

Type of authorization:  New Authorization  Change Banking Information  
 Change Donation Amount  Discontinue Electronic Donation

Last Name

First Name

Address

City

State

Zip

Please debit my donation from (check one):

Checking Account  
 (please attach voided check at bottom)

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of first donation:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency of donation:

**Monthly on the 5th  
 or the first business  
 day following**

Monthly withdrawal amount:

Total Amount Per Month: \$ \_\_\_\_\_

Special Instructions:

I authorize Park Lane Community Church to process debit entries to my account.  
 I understand that this authority will remain in effect until I provide reasonable notification  
 to terminate the authorization which I may do so at any time.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAPLE A VOIDED CHECK HERE

PAY TO THE  
 ORDER OF

Your Bank  
 Bank Address, City, State Zip

For

⑆ 23456789 ⑆

Routing Number

⑆ 2345678900 ⑆

Account Number

⑆ 00 ⑆