



ACH AUTHORIZATION FORM

Schedule your contribution to be automatically deducted from your checking account. Just complete and sign this form to get started! **We thank you in advance for your contributions!**

Here's How Recurring Contributions Work:

You authorize regularly scheduled debits to your checking account. Your account will be debited on a cadence and for the amount indicated by you.

Please complete the information below:

I, _____ authorize Christ's Episcopal Church of Castle Rock to debit the bank account indicated below per the following:

Amount \$ _____

Monthly on the (select one) 1st 15th last day of month other _____

Billing Address _____

Phone: _____ Email: _____

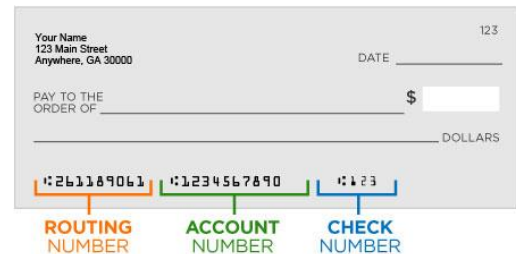
Account Information: Checking Savings

Name on Account _____

Bank Name _____

Bank Routing # _____

Account Number _____



Terms and Conditions: I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to the Church, at least 21 days prior to the next contribution date. If the contribution date falls on a weekend or holiday, I understand and agree that the contribution may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the selected contribution date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that the Church may at its discretion resubmit the ACH debit transaction within thirty (30) days. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____