

ACH Debits Form: Preauthorized Payment for CHRISTWay Community Church
 Authorization Agreement for CHRISTWay Community Church, Inc.: By completing and submitting this form, I authorize CHRISTWay Community Church to initiate a withdrawal from my account as indicated below. This authority will remain until such a time as I notify CHRISTWay Community Church in writing to termination of this authorization.

Your Information

Full Name: _____
 Social Security Number: _____
 Daytime Phone Number: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 E-mail Address: _____

Bank Information

Type of Account: Checking Savings

Bank Name: _____ Branch: _____
 City: _____ State: _____
 Zip Code: _____
 Transit/Routing Number: _____
 Account Number: _____

Please attach a voided check.

Withdrawal Amounts

- I would like withdrawals made on the 5th of each month. **Amount:** _____
- I would like withdrawals made on the 20th of each month. **Amount:** _____

Disbursement of Contribution (Optional)

Tithes and Offerings
Amount: _____
Building on Christ
Amount: _____
Missions Fund
Amount: _____

John Doe
 Mary Doe
 123 Main Street
 Anytown, CA 99999

Pay to the Order of: _____

ANYTOWN BANK
 Anytown, CA 99999

For _____

①: 250250025 ①: 000202020 ①: