



Warren Community Church

Recurring Debit Authorization Form

Schedule your offering or donation to be automatically deducted from your bank account. Just complete and sign this form and attach a VOIDED check to get started!

Recurring Debits Will Make Your Life Easier:

- It's convenient (saving you time and a check)
- Your offering or donation is always made (even if you're out of town)

Here's How Recurring Debits Work:

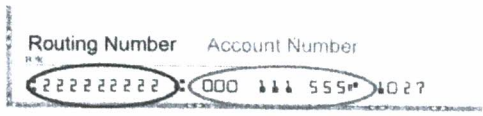
You authorize regularly scheduled debits to your checking/savings account. Your account will be debited the amount indicated below each authorized period. The debit will appear on your bank statement as an "ACH Debit." You agree that no notification will be provided prior to the scheduled debit unless the date or amount changes.

Please complete the information below:

I _____ (full name) authorize **Warren Community Church** to debit my account indicated below for _____ (amount) on the _____ (frequency EX: "1" of month, every 2 weeks etc.) starting on _____ (date).

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Checking/ Savings Account Information

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name(s) on Acct _____	Bank Routing # _____
Bank Name _____	Account Number _____
Bank Address _____	
Bank City/State _____	
Bank Phone # _____	

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Warren Community Church in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next scheduled date. If the above noted debit dates fall on a weekend or holiday, I understand that the debit may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Warren Community Church will request that the offering/donation be presented by other means as well as agree to pay the \$25 returned ACH fee that will be charged by the bank to Warren Community Church. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

 (PRINT INDIVIDUAL NAME) (SIGNATURE) (DATE)

 (PRINT INDIVIDUAL NAME) (SIGNATURE) (DATE)