ACH DEBIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS							
CLEARCREEK CHAPEL			Company ID # 31-1146887				
FOR OFFICE USE ONLY		DONOR #			DATE		
Type of authorization:			☐ Change banking information				
	☐ Change donation amoun			t ☐ Discontinue electronic donation			
	☐ Chan	ge donation date					
Last Name				First Name			
Address							
City				State	Zip		
Email					Pho	ne	
Please debit my donation from my (check one): Checking Account (attach a voided check) Savings Account (attach a voided deposit slip) Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Account Number:							
BANK NAME:			STATE: ZIP:				
Frequency of donation: (check only o	ne)			Fur	nd designations a	and amounts:
☐ Monthly – 1 st beginn	ning month	(enter date)				General Fund	
☐ Monthly – 15 th beginning month (enter date)							\$
NOTE: Once we receive your information we will notify you if there is a cha date of your first debit. Your bank may require a hold on your first tr							
AGREEMENT							
I authorize CLEARCREEK CHAPEL to process debit entries to my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.							
Authorized Signature:				Date:			

Mailing Address		Physical Address
PO Box 327	(937) 885-2143	2738 Pennyroyal Road
Springboro, OH 45066	Fax (866) 821-2143	Miamisburg, OH 45342

Return form to finance office:

Barb Berger, *Bookkeeper* admin@clearcreekchapel.org