

Church of the Resurrection
Lansing, Michigan

Direct Deposit of Offering/Contribution Authorization Form

I (we) hereby authorize Church of the Resurrection, to initiate debit entries to my (our) bank account indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Account Type

Checking Account

Savings Account

Name(s) on the Account: _____

Bank or Credit Union Name: _____

City, State and Zip Code: _____

Branch Location: _____

Your Account Number: _____

Routing Number ABA: _____

ATTACH A VOIDED CHECK TO THIS FORM

Frequency Selection (Select One)

Check The Appropriate Line

Designated Amount of Regular <i>Monthly</i> Offertery Contribution \$ _____
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<input type="checkbox"/> 1st of each month <input type="checkbox"/> 15th of each month <input type="checkbox"/> 1st and 15th of each month *
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<input type="checkbox"/> New Authorization <input type="checkbox"/> Change in Authorization <input type="checkbox"/> Change in Account <input type="checkbox"/> Cancellation

**If choosing 1st and 15th of the month, regular Monthly Offertery will be split in two payments per month.*

Church of the Resurrection will debit your depository account by the selected frequency

If the debit day falls on a legal holiday, then the debit transaction will be taken out the next business day.

This authority is to remain in full force and effect until Church of the Resurrection and my (our) bank have received written notification from me (or either of us) of it's termination in such time and in such manner as to afford a reasonable opportunity to act.

Date: _____

Name: _____
Please Print Name (s)

Spouse or Second Signer

Envelope Number _____

Date Received by Resurrection _____

Signature (s): _____

Spouse or Second Signer

PLEASE RETURN THIS FORM TO THE PARISH OFFICE FOR FURTHER PROCESSING.