

**CALVIN CRC AUTOMATIC DONATION FORM
AUTHORIZATION AGREEMENT FOR ACH DEBITS**

Member Name _____

I (we) hereby authorize the CALVIN CHRISTIAN REFORMED CHURCH in ROCK VALLEY, hereinafter called COMPANY, to initiate debit entries from my (our) ___ Checking Account / ___ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Depository Name _____

City _____ State _____ Zip _____

Routing Number _____ Account # _____

This Authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and DEPOSITORY a reasonable opportunity to act on it.

Budget \$ _____

Please indicate the date of your contribution

5th _____

20th _____

Christian Education Chapter \$ _____

Please indicate the date of your contribution

5th _____

20th _____

Name(s) _____

(Please Print)

Date _____ Signature _____

Please attached a voided check