

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I hereby authorize Carrollton Presbyterian Church, Carrollton, GA to initiate a debit entry to my checking account indicated below at the depository bank named below to debit the same such account.

Depository Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Amount \_\_\_\_\_

Frequency (chose one option): \_\_\_\_\_ Monthly (1<sup>st</sup> Monday of month)  
\_\_\_\_\_ Semi-Monthly (1<sup>st</sup> & 3<sup>rd</sup> Monday of month)

Apply to: (chose one option): \_\_\_\_\_ General Operating Fund-Pledge/Contribution  
\_\_\_\_\_ Designated Fund \_\_\_\_\_

*This authorization is to remain in full effect until Carrollton Presbyterian Church has received written notification from me of its termination in such time and in such a manner to afford reasonable time to act upon it.*

By (Print Name) \_\_\_\_\_

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM!!**