



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we) hereby authorize THE CITY COMMUNITY CHURCH, hereinafter called THE CITY, to initiate debit entries to my (our):

Check One

- Checking Account
- Savings Account

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.

Financial Institution Name _____

Routing Number _____

Account Number _____

Withdrawal Amount \$ _____

Withdrawal Frequency:

- One Time Gift
- Monthly on the _____ day of the month
- Weekly on the _____ day of the week
- Other _____

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

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

Please attach a voided check and return completed form to our church financial administrator:

Rick Peralez
12205 Waterside Trl
Austin, TX 78750