



# ANCHOR POINT COMMUNITY CHURCH

## Enroll in Automated Payment Today!

Enrolling is easy. We encourage you to automate your monthly support for several reasons:

- It's free.
- It simplifies your life.
- It's reliable, accurate, on time, and confidential.

All you have to do is fill out this form, attach a voided check, and return it to the Anchor Point office. Thank you!

### Authorization Agreement for Automated Payments (ACH Debits)

*Please attach a voided check or deposit slip to this form!*

I(we) hereby authorize Anchor Point Community Church, hereinafter called ANCHOR POINT, to initiate debit entries in the amount of:

\$ \_\_\_\_\_ for the General Fund (tithes) on the (select one):

- 1<sup>st</sup> of the month
- 15<sup>th</sup> of the month
- 1<sup>st</sup> AND 15<sup>th</sup> of the month

And, if necessary, credit entries and adjustments for any debit entries in error to my (our) (select one):

- Checking
- Savings Account indicated below and my financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account.

FINANCIAL INSTITUTION NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA#: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

This authority is to remain in full force and effect until ANCHOR POINT has received written notification from me (either of us) of its termination in such time and in such manner as to afford ANCHOR POINT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME: \_\_\_\_\_ SSN#: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN#: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*If there are two names on this account, you must each supply your personal information and signature.*