

**Christ's Community Church**  
**13250 93rd Avenue North**  
**Maple Grove, MN 55369**  
763-420-5126

ACH Authorization Agreement for Direct Offerings (debits)

I (we) hereby authorize Christ's Community Church to initiate a debit entry to my (our):

Checking Account  or Savings Account

Amount \$ \_\_\_\_\_

Frequency (please circle)      Weekly                      Monthly                      Twice a Month

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Indicate below the depository financial institution from which the funds will be debited.  
I (we) acknowledge that the origination of the ACH transaction to my (our) account  
must comply with the provisions of the U.S. law.

Name of Financial Institution: \_\_\_\_\_

Branch Name/Location: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

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

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

This authorization is to remain in full force and effective until Christ's Community Church  
has received written notification from me (or either of us) of its termination in such  
time and in such manner as to afford Christ's Community Church and the depository a  
reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*\*\* PLEASE ATTACH A VOIDED CHECK \*\*\*\*\***

Please return completed form to Janet Ohrt at Christ's Community Church. - Thank you!