

NRCC DIRECT DEBIT AUTHORIZATION AGREEMENT

I authorize North Raleigh Community Church, to initiate debit entries (or any credit entries if necessary for corrections), to the Checking _____ Savings _____ account indicated below. I also authorize the financial institution named below to credit (or debit) the same to such account.

YOUR FINANCIAL INSTITUTION NAME CITY STATE

TRANSIT/ROUTING NUMBER ACCOUNT NUMBER

We draft accounts on the 10th and the 25th of the month. Please indicate which day you would like to have us draft your account and how much you would like debited.

10th _____ Amount: _____
25th _____ Amount: _____

I understand that this authorization will be in effect until:

1. I notify my financial institution that I no longer desire this service, allowing reasonable time to act on my notification.

OR

2. I email Denise Hammack (hammack.denise@gmail.com) and let her know.
• NOTE: make sure you get a response from her to verify that she has received your email.

YOUR NAME

SIGNATURE DATE

Please attach a voided check with this form