

DIRECT DEBIT AUTHORIZATION FORM

I (we) hereby authorize Centennial Covenant Church, hereinafter The Church, to initiate debit entries for pledged donations to my (our) account indicated below, and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, 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) (Branch)

(Address) (City/State/ZIP)

(Routing Number) (Account Number) _____ Checking _____ Savings

Amount Authorized \$ _____ on a _____ monthly or _____ semi-monthly basis.

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

(Print Name) (Social Security Number)

Signature Date

Please attach a voided check to this form