

Connect Community Center

Authorization Agreement for Automatic Withdrawal

___ New Setup ___ Change in Account Number/Bank ___ Change in Existing Deduction

Name: _____ Date: _____

I hereby authorize Connect Community Center to draft and initiate credit entries or such adjusting entries, either Debits or Credits which are necessary for correction, to the account and bank I have listed below:

Bank Name _____

Draft From: Checking Account Savings Account

Routing Number _____

Account Number _____

General ___ 1209 Breakfast Ministry ___ Child Sponsorship ___

Deduct the following amount(s) from my account:

5th of the month amount _____

This authorization is to remain in full force and effect until the Connect Community Center has received a new agreement from me stating its termination in such manner as to afford the Connect Community Center a reasonable opportunity to act on it.

Signature _____

Phone _____ E-mail address: _____

Questions? Contact 252-355-0123 or give@connectcommunitycenter.org



Attach a voided check here