



Authorization Agreement for Preauthorized Payments (ACH Debits)

I (we) herby authorize Stonebriar Community Church to initiate debit entries to my (our)

Checking Savings account (select one)

Depository (Bank) name _____

Branch _____

City _____, State _____ Zip _____

Transit/ABA No. _____

Account No. _____

I have attached a voided check and have verified with my bank that the routing numbers provided above are appropriate for ACH transactions.

This authority is to remain in full force and effect until 10 days after Stonebriar 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 the church and the depository named above a reasonable opportunity to act on it.

Name(s) (Please print) _____

E-mail address _____

General Fund Gift \$ _____
Building Fund Gift \$ _____
Missions Gift \$ _____
Total \$ _____

Giving Schedule—Choose one option

- Draft the total amount **monthly on the 5th**
- Draft the total amount **monthly on the 20th**
- Draft the total amount **twice each month**, once on the 5th and again on the 20th

Signed _____

Date _____

