EFT Recurring Donation Authorization Agreement

Cathedral Rock CHURCH

_____
Name

_____
Address

_____
City State Zip

Email Address _____

_____
Bank Name

_____
Bank City Bank State

Please withdraw from my (circle one): Checking Account Savings Account

Amount to withdraw per month: $_____ (US Dollars)

_____
Routing Number (1st set of numbers on check) Account Number (2nd set of numbers on check)

I hereby authorize **Cathedral Rock Church** to initiate debit entries to my checking/savings account indicated above at the depository (bank or credit union) named. These debits from my account are for the purpose of payments to **Cathedral Rock Church.** I understand that withdrawals from my account will begin on the 5th of the following month. Withdrawals will continue monthly until otherwise informed.

I understand that if an erroneous debit is made to my account, Cathedral Rock Church and the financial institution are authorized to reverse the entry and make any adjustments necessary to my account to correct the erroneous entry. This authorization is to remain in full force and effect until Cathedral Rock Church has received notification from me of its termination in such time and such manner as to afford Cathedral Rock Church and the depository (bank or credit union) institution reasonable opportunity to act on it.

_____
Signature Date

Please make a copy for your records, enclose a voided check, and mail back to:
Cathedral Rock Church – ATTN: Treasurer – 590 Highway 105 #190 – Monument, CO 80132