



Automatic Bankdraft Agreement Form

Authorization Agreement

I authorize Chatham Community Church to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my bank account indicated below and the financial institution named below to credit (or debit) the same to such account.

I would like to begin making my monthly contribution with a total monthly gift of \$_____. I understand that my future monthly gifts will be transferred directly from my bank account and will appear on my bank statement. If at any time I wish to increase, decrease or suspend my giving, I can contact Chatham Community Church at 919-933-9477 or e-mail Michelle Taylor at michelle_taylor@unc.edu.

Personal Information

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Daytime Telephone: () _____

E-mail: _____

I would like the monthly bank-account transfer done on the following date:

10th 15th

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date** _____

Authorized Signature (Joint): _____ **Date** _____

Please attach a voided check and return this form to Michelle Taylor at Chatham Community Church - P. O. Box 1864 - Pittsboro, NC 27312