



Debit Authorization

I/we authorize Christ Church Midland (Anglican Communion), Inc., dba Christ Church Anglican ("Christ Church Anglican") to electronically debit my/our account (and, if necessary, electronically credit the account to correct erroneous debits) as follows:

I/we wish to (circle one): Enroll Revise Cease

Financial Institution: _____

Type of Account (circle one): Checking Savings

Routing Number: _____ Account Number: _____

Amount of Debit per transaction: \$ _____

Date(s) and/ or frequency of debit(s) (circle one): 5th 20th Both

Date of first debit: _____

(Note that the first available date is March 5, 2016.)

I/we understand that this authorization will remain in full force and effect until I/we notify Christ Church Anglican in writing that I/we wish to terminate this authorization. I/we understand that Christ Church Anglican requires at least 30 days prior notice in order to cancel this authorization. I/we acknowledge that the origination of ACH transactions to my/ our account must comply with the provisions of United States law.

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM.

Deliver or mail this form to:
Christ Church Anglican
Judy Santana, Parish Accountant
5501 N. Midkiff Rd.
Midland, TX 79705

Signature(s): _____

Printed Name(s): _____

Date: _____