

Authorization Agreement for Pre-Authorized Payments

I (We) hereby authorize Christ Together, hereinafter called COMPANY, to initiate debit and credit entries to my (our) checking account indicated below and the BANK named below a reasonable opportunity to act on it.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Code _____

Routing/Transit # _____ Acct. # _____

This is a Checking / Savings account (**Please circle one**)

Dollar Amount: \$ _____

Date of Draft: 1st of each Month

16th of each Month

Both of the above

(If you want two drafts done each month but want a different amount on each you'll need to complete two of these forms. The same dollar amount on this form will be taken for each draft date selected)

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Date _____

Name _____ Name _____

Signed _____ Signed _____

Please attach a VOID check or withdrawal slip (DO NOT attach deposit forms) to this Authorization and return to:

Christ Together

PO Box 822

Wheaton, IL 60187-0822