

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Lakeland Presbyterian Church (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & ZIP)

(Signature) (Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

Amount designated for:

General Fund	_____
Building Fund	_____
Missions	_____
Other (Specify)	_____
Total Giving¹	_____

¹This is the amount that will be debited from your account.

Checking/Savings Account Number _____

Financial Institution Routing Number _____

I would like my contribution to be debited on the:

_____ 1st of the month (or the first business day after the 1st)

_____ 15th of the month (or the first business day after the 15th)

_____ Last business day of the month

E-mail address _____

NOTE: You will be contacted via e-mail before your account is debited.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM BEFORE TURNING IN.