

AUTOMATIC DEBIT REQUEST FORM

TO: Grace Church Perrysburg
601 E. Boundary St.
Perrysburg, OH 43551

I would like to have my payment directly withdrawn from my account(s) as follows:

| <u>Type of Account</u> (i.e. Checking or Savings) | <u>Bank Routing #</u> | <u>Account#</u> |
|------------------------------------------------------|-----------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total Dollar Amount: _____

General Fund amount _____

Facility Fund amount _____

Other amount (specify) _____

Date : 1st of month 15th of month Both

Name

Address

City, State, Zip

In the event of an error, I give Grace Church permission to debit/credit my account for the amount needed to correct the error.

Signature

Date

(PLEASE ATTACH A "VOIDED" CHECK FOR THE CHECKING ACCOUNT YOU WISH TO USE FOR AUTOMATIC DEBIT)

** Give completed form to the bookkeeper in the office.