



Flossmoor Community Church

Authorization Agreement for Automatic Deductions Via ACH Transfers

Member Number: _____

**THIS VOLUNTARY PROGRAM IS FOR YOUR CONVENIENCE ONLY.
This form is not required to make or pay a pledge.**

Member Name(s) _____

Address _____

City _____ State _____ Zip _____

I/We hereby authorize Flossmoor Community Church to initiate, without any further authorization, the following regular debits (deductions) from the below named bank and customer account. This authorization shall remain in force until cancelled by phone or letter notification to Flossmoor Community Church. Any changes require four business days to take effect.

Please deduct my pledge from the following account:

Financial Institution _____

City _____ State _____ Zip _____

ABA/Routing Number (9 digits on bottom of check) _____

Account Number _____

Initiate my regular pledge deduction on the checked day (choose one)

___ 10th day of the month (or closest business day)

___ Weekly, each Monday

Signed _____ Date _____

Please return hard copy to Judy Jensen, as original signature is needed.