

AUTOMATIC ACCOUNT DEBIT AUTHORIZATION FORM

I hereby authorize Christian Campus House in Charleston Illinois to initiate entries to my checking/savings accounts at my financial institution listed below, and if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until Christian Campus House is notified by me in writing to cancel it in such time as to afford Christian Campus House and financial institutions a reasonable opportunity to act on it.

(Name and Branch of my Financial Institution)

(Address of my Financial Institution - City, State & Zip)

Monthly Amount to be debited (withdrawn) from my account: \$ _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 1 2 3 4 5 6 7 8 9 Ⓜ 1 2 3 4 5 6 7 8 9 0 1 2 3 Ⓜ
Routing Number Account Number

(Account Holder Name - PLEASE PRINT)

(Account Holder Address - PLEASE PRINT)

(Account Holder Signature)

(Date)

Please include a VOIDED CHECK

I wish my monthly contribution to be credited to

_____ **General Fund** _____ **Other**