



Debit Authorization Form

Today's Date _____

I hereby authorize Grace Community Church to initiate debit to my:

____ Checking Account ____ Savings Account

Bank Name _____

Transit/ABA# _____

Account # _____

Amount monthly _____

To be debited on: ____ 15th of the month ____ 30th of the month

Name _____

Signature _____

Please return this form to the church office (Attention: Bookkeeper).