

Debit Authorization Form

Today's Date	
I hereby authorize Grace Community Church to initiate debit to my:	
Checking Accou	unt 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).	

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