



Date	Account Holder's Name	Financial Institution Name

I hereby authorize Crossbridge Community Church, through GRABILL BANK, to initiate debit entries and to initiate, if necessary, entries and adjustments for any errors or returns to my (our) account indicated below.

Signature

CHECK ALL THAT APPLY:

I am not currently participating in the Direct Withdrawal Program, please add me.

I am currently participating in the Direct Withdrawal Program, please:

change my financial institution, account number or frequency of withdrawal.

stop my participation in the program.

FREQUENCY:

Every Friday Every other Friday 1st & 3rd Friday

Other _____

TOTAL AMOUNT: _____

Ongoing Giving (toward tithing)	Special Offerings (over & above)
\$	\$

This authority is to remain in full force and effect until C³ has received written notification from me (or either of us) of its termination in such time and manner as to afford Grabill Bank a reasonable opportunity to act on it.

Due to the time required for Crossbridge and Grabill Bank processing, allow one or two withdrawal periods for processing.



TAPE YOUR VOIDED CHECK HERE

IMPORTANT!! Check Type of Account: Checking Savings***

****NOTE:** If savings account, then PRINT the following information:

Account # _____

Routing Transit # of Financial Institution _____

Due to the time required for Crossbridge and Grabill Bank processing, allow one or two withdrawal periods for processing.