

Please print name, sign, and date this authorization form.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)
(withdrawals from your account)

PAY TO: New Life Christian Church of Morton, IL

ID NUMBER: 37-1162578

I hereby authorize the automatic deduction of money from my checking account in payment to New Life Christian on an ongoing, recurring basis as a part of my faithfulness in giving to God.

I understand that this authorization remains in full effect until there is written notification submitted to New Life Christian Church or the bank to terminate this agreement. Also, I understand that this will be done in such a manner to give New Life Christian Church and my bank a reasonable opportunity to act on this request. The following is my recurring give plan:

1. Amount: \$ _____
2. Frequency: Monthly Twice a month Other: _____
3. Dates: 5th 20th Other: _____

PRINT NAME: _____

SIGN NAME: _____ **DATE:** _____

**BRING A VOIDED CHECK AND THIS FORM TO:
NEW LIFE CHRISTIAN CHURCH OFFICES**