

Overlake Christian Church

9900 Willows Road Redmond, WA 98052 (425) 702-0303

For Office Use Only	Contributor ID # _____	Date _____
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MEMBER AUTHORIZATION FORM

Effective Date: _____ Change Contribution Date

New Authorization _____ Change Financial Institution Account

Change Contribution Amount Discontinue Electronic Contribution

Name of Member (Please Print) _____

Address _____

City _____	State _____	Zip _____
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Please complete the following information to indicate your preferred deduction frequency and the amount per fund.

- Semi-Monthly (Transferred on 1st & 15th)
- Monthly (Transferred on either the 1st or the 15th of each month) CIRCLE ONE: 1st or 15th

General Fund \$ _____

Aid & Assistance \$ _____

Building Fund \$ _____

Missions \$ _____

Special Delivery \$ _____

Total Amount \$ _____
per Contribution

Please take my contribution directly from the account specified:

- Checking Account (attach a voided check) Savings Account (attach a savings deposit slip)

Routing # (between these symbols _.:): _____	Account #: _____
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I authorize Overlake Christian Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: _____ Date: _____