



Grace Community Church

Authorization Agreement For Electronic Fund Transfer

Name (s) _____

I (we) hereby authorize Grace Community Church of Plano, hereafter called COMPANY, to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Depository (Bank)

Bank Name _____

City _____ State _____ Zip _____

Routing Number _____ Account No. _____

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

Date _____

Signed X _____ Signed X _____

Options for Transfer:	TITHE AMOUNT	BLDG. AMOUNT	TOTAL
Monthly (5 th of each month)	\$ _____	\$ _____	\$ _____
Biweekly (5 th & 20 th of each month)	\$ _____	\$ _____	\$ _____
Weekly (Monday of each week)	\$ _____	\$ _____	\$ _____

Please Attach A "Voided" Check (or Check Copy)

Drop off or mail completed form to:
Grace Community Church
 4501 Hedgcoxe Road
 Plano, TX 75024
 Attn: Finance Office