



DEBIT GIVING AUTHORIZATION FORM

Name: _____

Phone Number: _____

Bank Account Type:

- ☐ Checking ☐ Savings

Bank Account Number: _____

Bank Routing Number: _____

Is this a Personal or Business Account?

- ☐ Personal ☐ Business

This request is a:

- ☐ New Authorization ☐ Account Update ☐ Cancellation

I authorize Stone Creek Bible Church, via Chase Bank, to debit from the above account the following:

Amount: _____

- ☐ Weekly – on this day of each week (circle one): M T W TH F
- ☐ Bi-weekly – on these dates of each month: _____
- ☐ Monthly – on this date of each month: _____

Effective Date: _____

Additional comments: _____

Printed Name

Signature

Date

Office Use Only:

Date entered: _____ Entered by: _____

Additional comments: _____
