

# ACH AUTHORIZATION FORM

I hereby authorize **Discovery – A Christian Church** to initiate debit entries to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until Discovery –A Christian Church is notified by me in writing to cancel it in such time as to afford Discovery - A Christian Church and the financial institution a reasonable opportunity to act on it.

## FINANCIAL INSTITUTION INFORMATION

Name of Institution	
Address	
Routing Number	
Account Number	
Type of Account	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Recurring Donation Amount	\$
Recurring Frequency	<input type="checkbox"/> 5 <sup>th</sup> of each month <input type="checkbox"/> 20 <sup>th</sup> of each month <input type="checkbox"/> both 5 <sup>th</sup> & 20 <sup>th</sup> of each month

## DONOR INFORMATION

Name	
Address	
Email Address	
Phone	

Signature	
Date	

*Please return this completed, signed form by email to **finance@dc2.me** or by mail to:*

Discovery – A Christian Church  
 Attn: Finance Team  
 2605 W 144<sup>th</sup> Ave  
 Broomfield CO 80023

For office use only

Date Rec'd \_\_\_\_\_      Processed      Notified      Date of 1<sup>st</sup> ACH Debit \_\_\_\_\_