



## Authorization Agreement For Direct Payments (ACH Debits)

**Instructions:** Please complete this form and place in offering basket or mail with a copy of a voided check or savings account deposit slip to Sanctuary Charlotte, 13331 York Center Drive, Charlotte, NC 28273

Name: \_\_\_\_\_

I (We) hereby authorize Sanctuary Charlotte, hereinafter called Sanctuary Charlotte, to initiate debit entries to my account as indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ROUTING#: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ TYPE OF ACCOUNT: \_\_\_ Checking \_\_\_ Savings

**Debit my account on:**

\_\_\_\_ 1<sup>st</sup> of each month      \$ \_\_\_\_\_ Fund Designation\* \_\_\_\_\_

\_\_\_\_ 16<sup>th</sup> of each month      \$ \_\_\_\_\_ Fund Designation\* \_\_\_\_\_

\*e.g. Tithes, Offerings, Donation

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

NAME(s): \_\_\_\_\_

(Please Print)

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

**NOTE:** ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**ATTACH A VOIDED CHECK OR COPY /SAVINGS ACCOUNT DEPOSIT SLIP OR COPY (DO NOT USE THE DEPOSITORY'S TICKETS TO OBTAIN ROUTING NUMBERS). For assistance email [Jane Dempsey](mailto:Jane.Dempsey).**