AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK TRANSFER

Legacy Christian Church

☐ New ☐ Change Effective Date: _____

I (we) hereby authorize Legacy Christian Church, hereinafter called ORGANIZATION, to initiate debit entries to my (our) bank account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account.

Financial Institution Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Checking Account Number _____

Please debit my (our) account in the amount of $_____ on the ☐ 15th and/or ☐ 30th (check one or both) of each month.

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

_____ _____ _____

Print Individual Name (as contributions are to be recorded) Signature Date

Street: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Primary Phone: _____ Home Campus: _____

NEW AGREEMENTS AND BANK CHANGE REQUESTS ONLY

IT IS NECESSARY TO ATTACH A VOIDED CHECK TO THIS FORM IN ORDER TO PROCESS YOUR REQUEST!

Completed forms should be mailed or hand delivered to Jamie Schools in the church office.

Legacy Christian Church
Attn: Jamie Schools
10150 Antioch Rd
Overland Park KS 66212