"Direct Withdrawals" (ACH Debits) Authorization for Offering

lease check one of the	e following and follow	the instruction to complete the agreement.		
New authorization Complete Box 1	and Box 2 then sign on t	the bottom		
Modify an existing	g authorization (bank and	d/or amount, frequency, or distribution) unt; complete Box 2 for all other changes then sign on the botton	n	
Revoke my author Provide 'Accounty		write '0' (zero) in Box 2 "Total" then sign on the bottom		
One-time authoriz Complete Box 1	ation and Box 2 then sign on	the bottom		
(we) hereby authori ecount indicated bel	ze Katy Christian Co ow at the financial in	ommunity Church (KCCC) to initiate debit entries to mustitution named below to debit the same to such accoun	y (our) t.	
BOX 1: Account inform	mation (must attach a vo	oid check)		
Bank Name				
Routing Number	184	Account Number		
Account Owner		Type Saving or Check	ing	
BOX 2: Gift Amount a	and Distribution:	Timing/Frequency of Gift:		
General Fund	\$	Once Per Month on the 5 th		
Missions Fund	\$	Once Per Month on the 20 th		
Benevolent Fund	\$	Twice Per Month on 5 th & 20 th		
Building Fund	\$	First Transaction Date://		
C		One-time gift on (specify date	ate)	
Γotal:	\$	Offering Number:		
from me (or either	r of us) of its termina	force and effect until KCCC has received written notification in such manner as to allow KCCC and the financial e to act on it (7-10 business days).		
Please Print – A	Account Owner	Phone # Account co-owner (if any) Ph	none #	
Signature(s) Sign		Date Sign I	Date	
BOX 3: For Treasur	ry Dept use	Data Input		
Reviewed by		Data Input 1 Date		
Initial	Date	rie-Note	:	
Confirmed by		5		
Initial	Date	1 st Trans. Initial Date		

凱地中國教會

KATY CHRISTIAN COMMUNITY CHURCH

Dear KCCC members and friends:

To facilitate your offering process and meet the diverse needs of our congregation, we are exploring the automatic fund transfer to help you support our ministry. Please use the "Direct Withdrawals (ACH Debits) Authorization for Offering" form (on the reverse side) to initiate your scheduled and/or one-time offering. The same form can be used to update or terminate your scheduled offering at any time in the future.

The amount will be automatically withdrawn from your account as authorized.

We thank you for your generous offering in helping to advance the gospel. Do remember us in your prayer ministry as we work together for the cause of the kingdom. May the Lord bless and keep you for His praise and glory. Thank you.

KCCC Treasury Department

***	In	stru	ctio	ns	***

Indicate the type of your authorization: New authorization	 Initialize new scheduled direct withdraw offering Modify existing scheduled direct withdraw offering. You can use the form to change account, frequency and distribution Terminate any existing scheduled direct withdraw offering Initiate a one time authorization for direct withdraw offering 			
Modify existing authorization (bank and/or amount, frequency, or distribution)				
Revoke my authorization One time authorization				
BOX 1: Account information (must attach a void c bank and your account. If you attached a 'void check'	heck or deposit slip) – Use box 1 to provide information about the ', you can skip box 1.			
Account information: Bank Name	Bank Name: Name of the bank Routing Number: Enter the 9-digit Routing number (aka the ABA number) of the bank (see the following picture). *Bank of America has a different ACH R/T number under logo. Account Number: Enter your account number (see the following picture) where the fund will be withdrawn from. Account Owner: Enter the name of the account owner(s) Type: Indicate the account type "Saving" or "Checking".			
Routing Number Account Number				
Account Owner Type _ Saving or _ Checking				
MEMO	On personal checks, the routing			
Routing Number Account Number Check N	number is the leftmost nine digits on the bottom of the check. On commercial checks, it sometimes appears after the check number.			
BOX 2:				
Gift Amount and Distribution:	Places outen the amount for 'each' civing. Here when to cive once			
General Fund \$	Please enter the amount for 'each' giving. If you plan to give once per month, enter your monthly giving for each fund and total (sum o			
Missions Fund \$	all funds). If you plan to give twice each month then the amount			
Benevolent Fund \$	should be half of your monthly giving.			
Building Fund \$ Total: \$				
Timing/Frequency of Gift:				
Once Per Month on the 5 th	Please check only one of the frequency box.			
Once Per Month on the 20 th				
Twice Per Month on 5 th & 20 th	The state of the Control of the state of the			
First Transaction Date:/	Enter the date for the first automatic withdraw			
One-time gift on (specify date)	Please give us at least 7 – 10 business days to process your request			
Offering Number:	Enter your assigned offering number if known. sign, and date it before you mail or drop it in the offering box.			