



Authorization for Automatic Withdrawal for Tithing

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Transaction Type: Funds Transfer

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account (Please mark one): _____ Checking _____ Savings

Please indicate amount to be transferred: _____

Choose one of the following (by circling):

Weekly Bi-Weekly Monthly Bi-Monthly

If you chose weekly or bi-weekly, please circle one day option below:

Monday Wednesday Friday

If you chose monthly or bi-monthly, please circle one date (or 2 for bi-monthly):

1st 5th 10th 15th 20th 25th 30th

As a convenience to me, I hereby request and authorize you to pay and charge my account checks drawn on my account by and payable to the order of Citizens Bank & Trust, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if were a check drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring my such check. I further agree that if any such check were dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in a loss to my account.

Signature as shown on Bank Records

Date