



Automatic Payment Authorization Form

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Minneapolis, MN 55410

Phone: (612) 920-5030
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www.ctkmpls.org

Effective Date of Authorization: January 1, 2022

Type of Authorization: New Authorization Updated Authorization

NAME _____

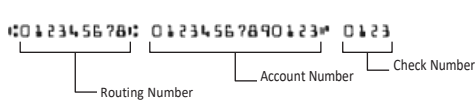
ADDRESS _____ CITY/ZIP _____

Frequency of Donation (please check only one):

- Weekly
- Monthly on the 1st
- Monthly on the 15th
- Annual (One time contribution. Date: ____/____)

Amount of Withdrawal:

\$ _____

CREDIT CARD	<p>Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card</p> <p>CREDIT CARD NUMBER _____ EXPIRATION DATE ____/____/____ (m/yr)</p> <p>NAME ON CARD _____</p> <p>BILLING ADDRESS (if different from the one above) _____</p> <p>I authorize Christ the King Church to process transactions in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.</p> <p>Signature (as it appears on the credit card) _____ Date _____</p>
CHECKING/SAVINGS	<p>Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (attach a voided check)</p> <div style="margin-top: 10px;">  </div> <p>Routing Number: _____</p> <p>Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p>I authorize Christ the King Church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.</p> <p>Signature _____ Date _____</p>