



Authorization for Automated Giving (ACH Debit)

Cedar Ridge Community Church

Federal Tax ID #: 52-1350329

I (we) hereby authorize Cedar Ridge Community Church ("CRCC") to initiate debit entries and, if necessary, credit and adjustment entries for any debit entries made in error to my (our):

Checking Account **Savings Account** at the financial institution listed below.

Bank Information

Bank Name _____

Address _____

City / State / Zip _____

Routing / ABA Number _____

Account Number _____

Recurring Giving Authorization

Weekly **Every Other Week**

Day: Mon Tue Wed Thu Fri

Twice Monthly **Monthly**

1st & 15th

15th & Last Day

Start Date: _____ **Amount:** \$ _____

If a selected date falls on a weekend or holiday, the debit will occur on the next business day.

Account Holder Information

Name(s) _____

Address _____

Phone _____

Email _____

This authorization will remain active until CRCC receives written notice from me (or either of us) requesting that it be canceled, allowing reasonable time for the church and financial institution to process the change.

Signature(s) _____

Date _____

Please attach a voided check if a checking account is selected.

Mail completed form to:

Cedar Ridge Community Church

ATTN: Sarah Houses

2410 Spencerville Rd

Spencerville, MD 20868