



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

I (we) hereby authorize
The Church at Rock Creek,
hereinafter called CHURCH,
to initiate debit entries
to my (our):

- Checking Account
- Savings Account

SCHEDULE:

(Please check one)

- 1st of month
- 15th of month
- 1st and 15th of month

TYPE & AMOUNT:

- General Offering
\$ _____
- Impact
\$ _____

START DATE:

____ / ____ / ____

*Please allow 7 days
for processing.*

BANK NAME: _____

CITY: _____

STATE/ZIP: _____

ROUTING #: _____

ACCOUNT #: _____

**PLEASE STAPLE A "VOIDED" CHECK
FROM THE ACCOUNT TO BE DRAFTED.**

This authorization is to remain in full force and effect until the
CHURCH has received written notification from me (or either of us) of
it's termination in such time and in such manner as to afford the
CHURCH and depository a reasonable opportunity to act on it.

NAMES(s): *Please print.*

SIGNATURE:

DATE:

Please return this form to the church office or mail it to:

The Church at Rock Creek
11500 West 36th Street
Little Rock, Arkansas 72211