AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

_____Sunday Offering **_____Capital Campaign**

I (we) authorize _____The Church of the Resurrection_____ hereinafter called COMPANY, to debit entries to my (our) Credit Card account indicated below. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Card Type: MasterCard Visa American Express Discover Card
(Circle one)

Card Number:_____

Expiration Date:_____

Amount: $_____ (Check one): Weekly_____ Monthly_____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY a reasonable opportunity to act on it.

_____	_____
(Print individuals name)	**(Print individuals name)**
_____	_____
(Print individuals ID number)	**(Print individuals ID number)**
_____	_____
(Signature)	**(Signature)**
_____	_____
(Date)	**(Date)**