



AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS

I (we) hereby authorize LAKEHILLS COVENANT CHURCH to debit entries to my (our) account(s) indicated below, to collect my church donations and, if necessary adjustments for any entries in error to my account indicated below to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH or electronic funds transfer transactions must comply with the provisions of U.S. law.

PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT YOU WISH TO DRAW FROM!

REGULAR CONTRIBUTIONS (check one)

MONTHLY ON THE 2ND Amount \$ _____

MONTHLY on the 17th Amount \$ _____

Date payments should begin: _____

IMAGINE! CONTRIBUTIONS: (check one)

MONTHLY ON THE 2ND Amount \$ _____

MONTHLY on the 17th Amount \$ _____

Date payments should begin: _____

This authority is to remain in full force and effect until Lakehills Covenant Church has received written notification from me of its termination in such time and in such manner as to afford Lakehills Covenant Church and Mechanics Bank a reasonable opportunity to act on it.

Printed Name

Printed Name

Signature

Signature

Please mail form, with voided check, to Lakehills Covenant Church, Attn: Accounting, 7000 Rossmore Lane, El Dorado Hills CA 95762. Any questions, call Dianne at the church office, 916-939-9300 ext 102.