



# Grace Community Church Automatic Debit Authorization

I hereby authorize Grace Community Church to automatically Debit my checking account for \$ \_\_\_\_\_ (please attach a voided check).

I understand that this account will be automatically debited:

One Time \_\_\_\_\_ Weekly \_\_\_\_\_ Every Two Weeks \_\_\_\_\_ Monthly \_\_\_\_\_

Beginning on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

I also understand that this authorization will remain in full force and effect until I notify Grace Community Church in writing that I wish to discontinue this automatic Debit plan. I must provide Grace Community Church at least a 10 day advance notice of cancellation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name

**\*Remember to include a voided check.**

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**TERMINATION OF THIS AGREEMENT:** You may cancel this agreement by giving us written notice or you can come to the office located at 1716 Memorial Dr. Clarksville, TN 37043 and sign this cancellation.

The undersigned cancels this Automatic Credit Authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Effective Date