



Automatic Payment Authorization Form

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www.ctkmpls.org

Effective Date of Authorization: January 1, 2020

Type of Authorization: ☐ New Authorization ☐ Updated Authorization

NAME _____

ADDRESS _____ **CITY/ZIP** _____

Frequency of Donation (please check only one):

- ☐ Weekly
- ☐ Monthly on the 1st
- ☐ Monthly on the 15th
- ☐ Annual (One time contribution. Date: ____/____/____)

Amount of Withdrawal:

\$ _____

CREDIT CARD

Please charge my donation to my (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card

CREDIT CARD NUMBER _____ EXPIRATION DATE ____/____/____ (m/yr)

NAME ON CARD _____

BILLING ADDRESS (if different from the one above) _____

I authorize Christ the King Church to process transactions in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature (as it appears on the credit card) _____ Date _____

CHECKING/SAVINGS

Please debit my donation from my (check one):

- ☐ Savings Account (contact your financial institution for Routing #)
- ☐ Checking Account (attach a voided check)

Routing Number:

Valid Routing # must start with 0, 1, 2, or 3

Routing Number Account Number Check Number

Account Number:

I authorize Christ the King Church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature _____ Date _____

FOR OFFICE USE: CTK ID# _____ **DATE** _____