

AUTHORIZATION AGREEMENT FOR AUTO PAY OF MEMBERSHIP

Family Life Center to draft n	, hereby authorize Champ ny membership dues in acco ving account until further no	rdance with current membership rates as
Savings account Ch	ecking account	
Bank Name:	Amoı	ınt:
Routing # (9 Digits):(*Account numbers are not the institution for this information	e numbers listed on your credit	nnt #: c/debit card. Please contact your financial
Circle one:		
Monthly	Semi-Annually	Annually
	ith day of the month as instr n a weekend or bank holiday	ucted or the first business day following
received written notification	n from me of its termination on Forest Baptist FLC and th	hampion Forest Baptist FLC has or change in such time and in such se above indicated Depository a
Signature		Date

Attach a voided check if available. A deposit slip is not valid.