

Xenos Christian Fellowship, Inc.
Authorization for Automatic Payment

I authorize Xenos Christian Fellowship, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged. I can have the amount of erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution's statement or 60 days after posting, whichever occurs first.

Name of Bank

Signature

Your Name

Phone Number _____

Your Address

Checking Account # _____ OR Savings Account # _____

Routing Number _____
(Between the : symbols on the bottom left of your check)

Debit my account for \$ _____ Beginning _____, 200__

Debit my account for the above amount on:

_____ The 1st of each month

_____ The 16th of each month

_____ Both the 1st and 16th of each month

Attach a voided check of deposit slip here