

MONTHLY AUTODEBIT

UPDATE AND CHANGE FORM



_____ Mr. _____ Mrs./Ms. _____
LAST NAME FIRST NAME FIRST NAME

_____ CITY STATE ZIP CODE
STREET ADDRESS

_____ EMAIL ENVELOPE NUMBER
PHONE

Ascension initiates these transactions from your bank account each month.

Choose One:

- Enroll in Auto Debit
- Continue to use same bank but change debit amount or dates
- Change bank information

Debit account on: 5th: \$ _____ and/or 20th: \$ _____ Effective Date: _____

_____ \$ _____
BANK NAME TOTAL AMOUNT PER MONTH

_____ ACCOUNT NUMBER
ROUTING NUMBER

I hereby authorize Church of the Ascension to debit my account as detailed above until written notification.

X _____
SIGNATURE

(Note: Attach voided check only if new to auto debit or changing bank account)