

*** PLEASE RETURN THIS FORM WITH AN ATTACHED VOIDED CHECK***

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CONSUMER NAME _____

I (we) hereby authorize COMMUNITY BIBLE CHURCH
hereinafter called COMPANY, to initiate debit entries to my (our) Checking account
indicated below and the depository named below, hereinafter called DEPOSITORY, to
debit the same to such account.

DEPOSITORY

NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ ABA NO. _____

ACCOUNT NO. _____

SCHEDULED WITHDRAWAL (check one)

WEEKLY (FRIDAYS)

EVERY OTHER WEEK
(FRIDAYS)

MONTHLY
(1ST OF THE MONTH)

QUARTERLY (1ST DAY OF
THE QUARTER)

PLEASE SPECIFY THE AMOUNT TO BE GIVEN AND FOR WHICH CAMPUS IT SHOULD APPLY. GIVING CAN BE TO ONE OR MULTIPLE CAMPUSES.

Greenwood Campus \$ _____

Fort Smith Campus \$ _____

North Fort Smith Campus \$ _____

Van Buren Campus \$ _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CONSUMER

NAME _____
PLEASE PRINT

DATE _____

SIGNED _____

SIGNED _____
SPOUSE OR JOINT NAME ON THE ACCOUNT **MUST** INCLUDE SIGNATURE