



# CROSSCHURCH

## Recurring Giving Authorization

To use Recurring Giving, please complete and return this form to the Business Office on the Cross Church Springdale campus:  
1709 Johnson Road, Springdale, AR 72762 | 479.751.4523

I authorize **Cross Church** to initiate debit entries according to the following schedule:

(Choose one)

(Choose one)

- \_\_\_\_\_ 15th day of each month
- \_\_\_\_\_ 1st & 16th day of each month
- \_\_\_\_\_ 15th & 30th (31st if applicable) of each month
- \_\_\_\_\_ Each week on Tuesday

- \_\_\_\_\_ Springdale Campus
- \_\_\_\_\_ Pinnacle Hills Campus
- \_\_\_\_\_ Fayetteville Campus
- \_\_\_\_\_ Neosho Campus

Effective Date: \_\_\_\_\_

Please designate how <i>each</i> draft is to be applied:	Ministry Budget	\$ _____
	Decade of LOVE	\$ _____
	Other Gifts (Specify) _____	\$ _____
	<b>TOTAL AMOUNT (Each Draft)</b>	<b>\$ _____</b>

Cross Church will auto-draft your account on the exact date you select unless it falls on a holiday or weekend. In these cases, your account will be auto-drafted on the next business day following your selected date.

This authorization is to remain in full force and effect until Cross Church has received written notification from me (or another person on this joint account) of its termination or change. I understand that changes of any type require a notice of at least 10 business days, to allow Cross Church and their bank reasonable opportunity to act upon my request.

Please print: Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach your voided check here.**