



Memorial Road Members,

We are pleased to announce that Memorial Road Church of Christ is now able to accept weekly contributions in the form of direct debits, or withdrawals, from your bank account. Several of our members have indicated the checks they write for church contributions are among the few checks they write each month. This method eliminates the need to write checks. In addition, the volunteers that count and deposit the contribution will have fewer checks to process. The church will also benefit because you can still make your contribution even if you miss services.

We realize that a few currently make contributions on a different schedule than weekly. However, in order to simplify and streamline the administrative process and to even out our cash flow we will only be able to make weekly withdrawals.

If you are interested in using this new service please complete the ACH Debit Authorization form authorizing Memorial Road to withdraw the amount you specify for your weekly contribution. This form should be mailed to Rob Hale at 1300 E. 15<sup>th</sup>, Suite 150 Edmond, OK 73013 to ensure the confidentiality of both your contribution and your bank account information. Pre-addressed envelopes and forms are available at Information Central or you can download the form from MRCC.org. This authorization will remain in effect until we receive written notification that you wish to change or discontinue the withdrawals. If you have any questions please contact Rob Hale at 330-6000 ext, 204 or by email at [rob.hale@halecpa.com](mailto:rob.hale@halecpa.com).

DEBIT AUTHORIZATION

I hereby authorize Memorial Road Church of Christ to initiate debit entries for \$\_\_\_\_\_ each week from my account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same from such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Account     Checking

Savings

This authority is to remain in full force and effect until Memorial Road Church of Christ has received written notification from me of its termination in such time and manner as to afford the church and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

(Date)\_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK.**



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