

Northstar Church Auto Debit Form

To enroll, complete this form and return to:

Northstar Church
2355 St. Andrews Blvd
Panama City, FL 32405
or give@northstar.cc

General Information:

Your name: _____
Address: _____
Telephone number: _____ Email: _____

Select one of the following:

_____ New enrollment _____ Change in amount/account

Bank Acct #*: _____

Bank Routing #*: _____

**you can attach a voided check instead of filling out the Acct # and Routing #*

Type of account: PERSONAL or BUSINESS (circle one)

 CHECKING or SAVINGS (circle one)

Amount to be deducted: _____

When do you want your automated giving to begin? _____

Frequency of deductions: _____ Once a month (1st of the month)
 _____ Once a month (15th of the month)
 _____ Twice a month (1st & 15th of the month)
 _____ Weekly

Authorization:

I authorize Northstar Church to process debit entries to my account as indicated herein. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Signature: _____ Date: _____