



LOWCOUNTRY COMMUNITY CHURCH

ACH Authorizing Withdrawal

Form is used to automate tithes and offerings.

Check your preference:

- Weekly (Friday)
- 15th of the month
- Monthly (last day of month)

Amount: \$ _____

Start date: _____ End date: _____

I/We authorize LowCountry to initiate debit entries to the account listed below. My/Our account will remain subject to its individual terms and conditions.

I/We understand that this authorization will remain in force until the termination date stated above or until LowCountry has received written notification from me/us for its termination. Notification will allow reasonable time for the church and depository to act.

Printed Name(s): _____

Contact phone# and email: _____

Signed and dated: _____

Attach voided check
here.