

AUTHORIZATION FOR DIRECT GIVING

(Please Print)



Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Account No. _____ Checking Savings

Financial Institution Routing Number: _____
(between the  symbols on the bottom left of your check)

I authorize THE ROCK to initiate entries of \$ _____ on the 17th of each month to my checking/
savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to
afford The Rock a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial
institution 3 days before my account is charged.

Please distribute my contribution to the Rock according to the purposes listed below.

Signature _____ Date _____

| PURPOSE | AMOUNT |
|------------------|----------|
| Tithe / Offering | \$ _____ |
| Building Fund | \$ _____ |
| Missions | \$ _____ |

ENCLOSE A VOIDED CHECK with this authorization and return to The Rock.

RETAIN FOR YOUR RECORDS

I authorized The Rock to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization form. I may revoke my authorization with you at any time by writing to The Rock.

I understand that my monthly contribution of \$ _____ will be electronically transferred on the 17th of each month. If the 17th falls on a Saturday, Sunday or a banking holiday, my gift will be transferred on the following business day.



The Rock
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