

CROSSPOINT CHURCH

C.A.R.D.s Standing Order Authorization Form

Name	Starting Date
Address	Telephone (Day)
City	State
	Zip
	Telephone (Evening)

Retailer	Denomination	Quantity	Total	Frequency (weekly, bi-weekly, monthly, or semi-monthly)
<i>sample: Giant</i>	<i>\$50</i>	<i>2</i>	<i>\$100</i>	<i>weekly</i>

I will pay (select one): ☐ cash or check upon pickup
 ☐ direct debit (Please fill out the Financial Information and
 Authorization sections below.) Debits will occur on a Tuesday for
 orders picked up by Sunday.

I will pick up my order at: ☐ Colonial Park ☐ Rutherford ☐ South Hanover

Financial Information:

Financial Institution's Name	Telephone
Address	Account Number
City	Checking OR Savings
	(Please circle one)

[] [] [] [] [] [] [] [] [] []

Financial Institution's Routing Number

Obtain from the left side of a voided check, from a saving's account deposit ticket, or your financial institution.

Authorization:

I authorize and request CrossPoint United Methodist Church, 430 Colonial Road, Harrisburg, PA 17109 to process debit entries to my account as specified above. I have attached a voided check or a savings deposit slip. This authority will remain in effect until I notify CrossPoint United Methodist Church in writing to either change the information above or to terminate this authorization (7 days notice is required for changes).

X _____ X _____
 Authorized signature on account Authorized signature on account (joint account owner)

Please sign and return this form, along with a voided check or savings account deposit slip, to the Church Administrator.

FOR OFFICE USE ONLY:	Date Received	Date Processed	Effective Date	Office Rep