



ACH Authorizing Withdrawal

Form is used to automate funding Momentum ~ Let's Build on it!

Check your preference:

- Weekly (Friday)
- Semi-Monthly (15th and last day of month)
- Monthly (15th day of 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.



801 Buckwalter Parkway Bluffton, SC 29910
ph: 843-836-1101 www.lowcountrycc.org