

**GRACE 242 ELECTRONIC DONATION PROGRAM**

(ENDORSED BY CORNERSTONE COMMUNITY BANK)

Grace 242, P.O. Box 128, Thiensville, WI 53092-0128

**COVENANT PARTNER AUTHORIZATION FORM**

Effective Date: \_\_\_\_\_

Choose one of the following:

New Authorization

Change Authorization

Discontinue Electronic Contribution/Distribution

Change Contribution/Distribution Date

Change Financial Institution

Name of Covenant Partner (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

**REGULAR CONTRIBUTIONS**

Weekly (transferred on Monday) Amount per transfer: \_\_\_\_\_

Semi-Monthly (transferred on the 10<sup>th</sup> & 25<sup>th</sup> of each month) Amount per transfer: \_\_\_\_\_

Monthly (transferred on the 15<sup>th</sup> of each month) Amount per transfer: \_\_\_\_\_

Please take my contribution/distribution directly from the account specified below: (circle one)

Checking account (attach voided check)            or            Savings account (attach bank letter)

Name of bank: \_\_\_\_\_

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

I authorize Grace242 to process debit entries to my account. I have attached a voided check or bank letter. This authority will remain in effect until I give written notification at least 14 days prior to withdrawal date to terminate this authorization.

Authorized signature on my account: \_\_\_\_\_ Date: \_\_\_\_\_