

## AUTHORIZATION FOR AUTOMATIC PAYMENTS

I authorize Bank of Clarendon to initiate transactions to complete the payments from my account.

Donor \_\_\_\_\_ Donor's Bank \_\_\_\_\_

Donor Bank Routing # \_\_\_\_\_

Donor Bank Account # \_\_\_\_\_

(DONOR: PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP)

Payment Description: **DONATION TO CLARENDON CHRISTIAN LEARNING CENTER**

Payment amount: \_\_\_\_\_

Frequency: \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Other \_\_\_\_\_

Authorization type: \_\_\_\_\_ New \_\_\_\_\_ Change (replaces a previous authorization)

Effective date: \_\_\_\_\_ Termination date: \_\_\_\_\_

DEPOSITORY NAME: THE BANK OF CLARENDON  
MANNING, SC 29102

ROUTING # 053206738 CCLC ACCOUNT # 83-003114-2 (Checking)

This authorization will remain in effect until Bank of Clarendon receives written notice of termination from me in a time and manner allowing reasonable opportunity to act on it.

My account remains subject to its original terms, which are not altered by this authorization. I acknowledge these payments must comply with the provisions of U.S. law.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date